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100th plenary meeting
Thursday, 9 June 2016, 3 p.m.
New York

President: Mr. Lykketoft ..... (Denmark)

In the absence of the President, Mr. Abdrakhmanov (Kazakhstan), Vice-President, took the Chair.

The meeting was called to order at 3 p.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

The Acting President: Bearing in mind the tight schedule of the Heads of States and Governments, as well as Ministers, I would strongly encourage delegations to limit their interventions to the prescribed time limit of five minutes when speaking in their national capacity and eight minutes when speaking on behalf of a group. This will allow us to accommodate as many speakers as possible. Participants with longer statements are encouraged to read a shorter version of their text and submit their full-length statements to the Secretariat for posting on the PaperSmart portal.

I now give the floor to His Excellency Mr. Aaron Motsoaledi, Minister of Health of Republic of South Africa.

Mr. Motsoaledi (South Africa): The South African delegation wishes to join other delegations in extending its warmest congratulations to the President of the General Assembly on convening this high-level meeting on an issue of critical importance to my country and many others. The Permanent Representatives of Switzerland and Zambia, whom the President entrusted with the very challenging task of co-facilitating the negotiations on both the modalities resolution and the Political Declaration (resolution 70/266, annex), have managed the process in a professional, transparent and inclusive manner, and we warmly thank them for their hard work.

South Africa continues to support United Nations efforts aimed at combating HIV/AIDS and is proud to have been part of the process to draft this collective undertaking. It is through this kind of leadership that we will inspire the world to achieve the shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

South Africa endorses the Political Declaration and aligns itself with the statement of the representative of Zambia, who spoke on behalf of the Group of African States (see A/70/PV.98).

Over the years, the South African Government has intensified its efforts to deal with HIV/AIDS-related challenges. South Africa has the largest HIV/AIDS programme in the world with more than 3.4 million people currently on antiretroviral therapy. However, we need to further intensify our prevention interventions or we will not be able to reach our socioeconomic development objectives and the Sustainable Development Goals. In that regard, we will redouble our efforts to prevent new infections through a multisectoral approach, including biomedical, socioeconomic, structural and behaviour-change interventions. We are committed to reaching the 90-90-90 targets.

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Measures needed to eradicate AIDS require substantial and sustainable financial resources. Domestic financing is key to ensuring this sustainability. In that regard, domestic financing has contributed close to 80 per cent funding to the national HIV/AIDS response. We conducted an investment study, which recommended the allocation of additional funding in the amount of 1 billion South African rand from the national treasury.

The international community, through the Global Fund to Fight AIDS, Tuberculosis and Malaria, is exemplary in demonstrating global solidarity in the fight against these diseases. Since the Global Fund's establishment, South Africa has benefited substantially and continues to contribute to the Global Fund. The happy story we now tell regarding HIV/AIDS would not have been possible without this support. For this reason, South Africa urges donors to continue to support the Fund. We are looking forward to a successful Global Fund replenishment meeting later this year.

For more than a decade, the price of first-line antiretroviral therapies has dropped significantly, which has contributed to our success in treating 3.4 million HIV-positive people. However, second- and third-line regimens are still out of reach. In that regard, my delegation firmly believes that more can be done, including by using the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health.

Research and development for pediatric medicines and multidrug resistant tuberculosis remain areas where new formulations remain scarce. To fill this gap, new approaches to research and development for therapeutic agents require considering delinkage of the cost of research and development from the final price. This will ensure sustainable access to easy-to-use drug regimens that are affordable and less toxic. South Africa is implementing pre-exposure prophylaxis and test-and-treat models, which will increase the demand for antiretroviral drugs.

My delegation is concerned that legal, socioeconomic and structural issues, such as unequal power relations between men and women, continue to drive the epidemic. Women and adolescent girls continue to bear the heavy burden of HIV in our region, due to their vulnerable situation compared to that of men and adolescent boys. Therefore, gender equality, equity and the empowerment of women and adolescents, through policies in the areas of employment and gender-based and sexual violence, should be seen as a central element in ending AIDS.

Recent phylogenetic mapping in one of the areas of high transmission has given us a more granular insight into biological drivers of HIV infection, which has informed the design of a national campaign to disrupt HIV transmission in the country. The new campaign will target girls and young women in the age group from 15 to 24 and the men who infect and impregnate them, found to be in age range from 24 to 35.

Investing in transformative AIDS responses will contribute to gender equality and empower women and girls. The very spirit of leaving no one behind, which shaped the 2030 Agenda for Sustainable Development (resolution 70/1), is negated when we discriminate against our citizens on the basis of their sexual orientation and gender identity. Our Constitution enjoins us to refrain from unfairly discriminating against anyone, including on the basis of race, gender, sex or sexual orientation. It is our fervent hope that all Member States will find a way of being more inclusive and responsive to the needs of peoples, especially vulnerable groups and key populations.

It is the hope of my delegation that our collective commitment, as expressed in the Political Declaration on HIV and AIDS, reflects the aspirations of the many people living with HIV and that it will inspire confidence. The Declaration will also serve as an inspiration for the thousands of representatives expected to attend the International AIDS Conference in Durban, South Africa, next month. We look forward to welcoming all Member States to our country. As we prepare to go to Durban with this important Declaration, let us accelerate the fight to end HIV and AIDS by 2030.

The Acting President: I now give the floor to His Excellency Mr. Patrick Pengel, Minister of Health of the Republic of Suriname.

Mr. Pengel (Suriname): Suriname aligns itself with the statement delivered by the representative of Saint Kitts and Nevis on behalf of the Caribbean Community (see A/70/PV.97).

The Republic of Suriname is working towards jumpstarting the fast-Track initiatives in the fight against HIV/AIDS, as we are committed to reaching the Sustainable Development Goal of eliminating HIV by 2030. As we reflect on the past decade in the

fight against HIV, Suriname recognizes the following achievements.

We recognize improvement of the prevention of mother-to-child transmission programme. We recognize the increasing number of persons living with HIV who have access to antiretroviral drugs. We recognize the fact that we are losing fewer people to AIDS and that the number of new HIV infections has decreased. Last but not least, we recognize our commitment, shown over the past years, to domestically funding the HIV programme by funding 60 per cent of total HIV expenditure.

Notwithstanding the progress made so far, worrisome gaps remain. Looking at the HIV continuum of care, there are significant gaps in identifying, linking and retaining people living with HIV in the care system. Estimates show that significantly fewer than the desired 90 per cent of people living with HIV know their status, and among those identified, a third fail to enter into care. Once in care, still too many are lost to follow up. It is imperative to address these gaps in order to avoid a rebound of the HIV epidemic.

We have learned that doing business as usual is not resulting in the further mitigation of the HIV epidemic. We are not reaching key populations with those methods, and in the meantime the number of populations affected by HIV is growing. Strong collaboration with civil society is therefore a prerequisite for implementing HIV programmes among key populations. Multisectoral communication and cooperation are strategic in a successful approach and must be integrated into all HIV policies.

We acknowledge the vital importance of increasing our efforts in the fight against HIV/AIDS in order to maintain the progress made and to fast-track our HIV response. We need to address the root causes of inequities in access to healthcare. We need zero tolerance for the infringement of sexual reproductive health rights, as those factors are known to perpetuate the gaps in HIV prevention, treatment and care. To that end, Suriname is committed to putting in the effort to frontload resources needed to scale up the HIV response to the maximum of available national opportunities. In that context, Suriname reaffirms the reference made in the Political Declaration on HIV and AIDS (resolution 70/266, annex) to the importance of both national input and international collaboration to strengthen those regions that need extra support.

Suriname looks forward to this high-level meeting being a stepping stone to new global frontiers in alternative funding mechanisms, improving efficiency and effectiveness in order to enhance access to HIV care for all people. International collaboration, specifically South-South collaboration, provides opportunities to tap into and strengthen HIV programmes. As a developing country, the Government of Suriname also welcomes improved global access to health commodities. In that regard, Suriname wants to ensure universal access to sexual reproductive health rights and HIV services for key populations; strengthen their linkage and integration; focus on the needs of women and girls; empower, educate and employ adolescents and youth for a healthy and prosperous next generation; and realize the demographic dividend.

In conclusion, Suriname recognizes that effectively counteracting stigma and discrimination is a prerequisite for achieving the 90-90-90 HIV continuum of care targets. We are committed to addressing policies and practices that may impede access to HIV services and to ending HIV-related stigma and discrimination in order to promote just, peaceful and inclusive societies. Suriname continues with endeavours to provide our people with what they are entitled to — quality, affordable and appropriate HIV services and commodities, while working towards a society that embraces rather than condemns diversity.

The Acting President: I now give the floor to His Excellency Mr. Omar Sey, Minister of Health and Social Welfare of the Islamic Republic of the Gambia.

Mr. Sey (Gambia): At the outset, I would like to align my Government's position with the statement made by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98), and to convey the greetings and best wishes of the President, the Government and the people of the Gambia, as well as to express the desire that our deliberations will be crowned with success.

Today we meet at a time of great optimism in the global response to HIV and AIDS. Members would agree that the whole world recognizes that significant progress has been made in combating HIV and AIDS. Across the globe, more people living with HIV than ever before are accessing life-saving treatment; the number of deaths from AIDS-related causes has declined; fewer babies get infected with HIV; and the number of new HIV infections has dropped. No doubt,

such progress is the result of concerted effort and global leadership commitments. The tireless efforts of civil society — including the meaningful involvement and participation of people living with HIV — combined with scientific innovation and global solidarity, have also helped to achieve those great strides. There is every indication that the response will be strengthened further by the commitment of Governments to ending the AIDS epidemic by 2030, while promoting shared responsibility and unity. Although much has been achieved, much remains to be done in combating HIV and AIDS.

Since the 1995 adoption of the Beijing Declaration and Platform for Action, the reality for most women and girls worldwide, particularly in Africa, is that the pace of change has been unacceptably slow. Evidence shows that populations at higher risks of HIV infection are still being left behind. In some settings, girls and young women are often without formal paid jobs. As a result, they are denied the opportunity to build skills, assets and resilience. As a result, they are denied the opportunity to build skills, assets and resilience. That drives them into the practice of sex work which eventually exposes them to the risk of HIV infection.

There is also the threat of violence that continues to confront girls not only in conflict and post-conflict situations but even in their daily lives. Again, in many societies, early marriage and harmful traditional practices remain deep-rooted, and adolescent girls and young women are often prevented from seeking services and making decisions related to their own health and that of their families. There is ample evidence that these factors continue to expose girls and young women to high risk for and vulnerability to HIV infection.

In sub-Saharan Africa, we are told that girls and young women account for one in five new HIV infections and are at almost three times higher risk than their male counterparts. In the Gambia, we have registered remarkable achievement in addressing issues around harmful traditional practices through appropriate legislation. Our Government has now banned female genital mutilation; that is expected to contribute positively to the national response to HIV and AIDS.

It is an established fact that the AIDS-related targets in the Sustainable Development Goals can be met only through a fast-track approach that is adequately funded and equitable and that addresses the needs of populations at higher risk of HIV infection, such as women and adolescent girls. It is partly in recognition of the glaring fact that there is an urgent need to step up advocacy efforts with the global leadership around the critical issues facing women and girls today, including teenage pregnancy, gender-based violence, and transmission of HIV from mother-to-child. I quite agree with the Archbishop Desmond Tutu when he said,

> "If we are to see any real development in the world, then our best investment is women".

The Gambia is already demonstrating leadership and direction in that regard. I am happy to report that, as a country, we have achieved gender parity in education by making it free from primary to secondary levels. Also, the Government has domesticated the priorities of gender equality and rights in line with the African Union Agenda 2063; the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; the Solemn Declaration on Gender Equality in Africa of 2004; the Addis Ababa Declaration on Population and Development in Africa Beyond 2014; and the 2013 Declaration of the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria. These priorities are all in recognition of the indispensable role that women play in sustaining the AIDS response.

A key role that women continue to play in sustaining the HIV response is the prevention of mother-to-child transmission. It is well documented that women have better health-seeking behaviour than men. That is true for HIV-related services as women participate more actively, leading to a marked reduction in the number of babies becoming infected with HIV. I must emphasize that keeping women healthy brings a huge economic return. It is well documented that sub-Saharan Africa is among the world's fastest-growing economic zones and that women play a leading role in Africa's economic growth. That economic growth can be an engine for reducing poverty, which is one of the root causes of women's vulnerability to HIV.

We have also seen a more meaningful engagement of people living with and affected by HIV and AIDS. In the Gambia, there are 11 support groups and networks of people living with and affected by HIV and AIDS. They include such women's groups as Mutapola, which continue to mobilize and speak out openly about their rights and experiences, with a view to contributing positively to the response to HIV and AIDS. Such

groups of people living with and affected by HIV and AIDS provide the opportunity and platform to reach out to those who continue to live in fear due to stigma and discrimination.

I wish to state that as a country, the Gambia remains committed to adopting a balanced and all-inclusive political declaration on HIV and AIDS. However, we recognize the need to take national context in defining key populations and ensuring universal access to quality, affordable and comprehensive sexual reproductive health and HIV services, which is in line with the African common position on HIV and AIDS.

In conclusion, allow me to reiterate that is incumbent on all of us to keep the momentum of this meeting and resolve to implement the agreements reached. It is my hope and desire that together we can defeat HIV and AIDS as our legacy to present and future generations.

The Acting President: I now give the floor to His Excellency Mr. Mamy Lalatiana Andriamanarivo, Minister of Health of the Republic of Madagascar.

Mr. Andriamanarivo (Madagascar) (*spoke in French*): Madagascar aligns itself with the statement delivered by the representatives of Zambia on behalf of the Group of African States and of Botswana on behalf of the Southern African Development Community (see A/70/PV.98).

In the context of the Sustainable Development Goals, like all other nations, Madagascar, the largest island in the Indian Ocean, has endorsed the commitment to ending the AIDS epidemic by 2030. Currently, the country is facing a relatively low prevalence of HIV, amounting to 0.3 per cent of the general population aged 15 to 49 years. The epidemic is concentrated in the key high-risk populations: men who have sex with men, with a prevalence of 14.8 per cent; injecting drug users, with a prevalence of 7.1 per cent; and sex workers, with a prevalence of 1.3 per cent. Furthermore, vulnerability factors are real, and include significant interaction between people in tourist areas and major cities, national and international migratory movement in areas of mining development, and poverty. Notable risk factors and behaviours fostering HIV transmission include initial sexual relations at an early age, high incidence of sexually transmitted infections, multiple sexual partners, low condom use, and the sharing of syringes among injecting drug users, to mention only a few. In the light of those elements, it can be said that Madagascar is not immune to an outbreak of the HIV epidemic.

Aware of what the response entails, all stakeholders at the national level are ready to tackle the challenges of fast-tracking the response by setting ambitious goals and adopting effective approaches, including by focusing on high-impact interventions in terms of target populations and locations, that is, with effective decentralization; integrating the HIV response into all sectors of national development; strengthening the health system; and increasing quality health and community service coverage. By establishing a national committee to combat AIDS at the level of the presidency of the Republic, the Government of Madagascar has demonstrated a strong political commitment.

Our national development plan, in line with the Sustainable Development Goals, will provide all the necessary conditions for integrating and accelerating the multisectoral response. Built around the vision of Madagascar as a country with zero new infections, zero AIDS-related deaths and zero discrimination, the national strategic plan for effective response to sexually transmitted infections, HIV and AIDS aims to achieve three important impacts by the end of 2017: first, to reduce the number of new HIV infections by at least 50 per cent in the key populations that are most vulnerable to HIV infection and in the general population; secondly, to reduce to less than 5 per cent the proportion of HIV-infected infants born to HIV-positive mothers; and lastly, to increase to 95 per cent the survival of adults and children living with HIV on antiretroviral treatment 12 months after starting the treatment.

In general, Madagascar identifies with the Political Declaration on HIV and AIDS (resolution 70/266, annex) because it shows the way forward for the first 15 years, in particular, to address the specific problems facing our country in its response to HIV/AIDS. Furthermore, courses of action proposed by the Declaration cover a range of challenges and urge Member States to address the diverse challenges they face. In Madagascar, the current prevalence is relatively low, but the epidemic is still present, which means that it is precisely now that we must act in order to prevent an explosion. It is also now that we have a better chance of achieving the three zero goals and ending the epidemic.

For all those reasons, the delegation of Madagascar, representing the people of Madagascar as a whole at

this high-level meeting, supports the 2016 Political Declaration on HIV and AIDS. It urges Member States present at the meeting to remain sensitive to the needs of such low-prevalence countries as Madagascar and invest the technical and financial resources needed to strengthen the prevention of infection.

The Acting President: I now give the floor to His Excellency Mr. Felix Kabange, Minister of Health of the Democratic Republic of the Congo.

Mr. Kabange (Democratic Republic of the Congo) (*spoke in French*): It is an honour for me to take the floor on behalf of the Government of the Democratic Republic of the Congo.

The delegation of the Democratic Republic of the Congo, which I am head, supports the statement made by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98).

Allow me to commend the relevance of this United Nations high-level meeting on AIDS, convened at a time when global indicators on HIV/AIDS are improving across all continents. Our thanks go to Secretary-General Ban Ki-moon and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Michel Sidibé.

This is an opportunity that we must seize to step up the fight against HIV/AIDS and move towards an AIDS-free generation, to which the Democratic Republic of the Congo and its President, His Excellency Mr. Joseph Kabila Kabange, are committed. Speaking at the nineteenth International AIDS Conference in Washington, D.C., in 2012, the theme of which was the end of AIDS, I shocked some by saying that the topic should be considered only by developed countries because Africa and my country in particular could not accept that we were speaking about the end of AIDS while one out of three children born to HIV-positive mothers were infected, the number of new HIV infections and HIV-related deaths were on the rise, and people living with HIV did not have access to medicines.

Less than five years later, I am in New York once more to welcome the very remarkable progress made in the fight against HIV/AIDS in the Democratic Republic of the Congo and throughout Africa. Between 2011 and 2015 the Democratic Republic of the Congo, my country, was able to increase its antiretroviral coverage for pregnant women receiving antiretroviral treatment to prevent mother-to-child transmission from 13 to 64.9 per cent. Meanwhile, between 2000 and 2010 the absolute number of people living with HIV and receiving treatment rose from 43,000 persons selected to receive antiretroviral treatment for 10 years, to 120,000 in the past five years, representing a threefold increase compared to the previous 10-year period. HIV prevalence has stabilized at around 1.2 per cent of the general population.

All those achievements have been made possible thanks to the leadership and commitment at the highest level of President Kabila Kabange, who not only is committed to an AIDS-free generation by 2030 but who himself presides over the national multisectoral committee to combat AIDS. Thanks to that commitment, with the support of our technical and financial partners — including the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief, which I have the pleasure to thank — and using a multisectoral approach, geographical coverage was increased, reporting was improved, antiretroviral medications were made available and interventions were streamlined. It should also be noted that services were administered with community participation at all levels and that persons living with HIV were present at community distribution sites.

However, providing care for children remains a major challenge in the Democratic Republic of the Congo. Of an estimated total of 445,000 people living with HIV, slightly more than 50,000 are children under 15 years of age, and of that group, about 9,000, or approximately 18.3 per cent, were still on antiretroviral treatment by late 2015. That will not prevent us from redoubling our commitment to eliminating paediatric AIDS. The experience gained in the fight against HIV can be used to combat such emerging diseases as Ebola, yellow fever, the Zika virus or Lassa fever.

Thanks to its success in overcoming seven Ebola epidemics, the Democratic Republic of the Congo is able to reassure Member States that if mobilization, intensified research and the strategies and actions deployed to combat AIDS can be applied to combating the Ebola virus or other diseases, success can be guaranteed in a very short time. In the Democratic Republic of the Congo, the community-based strategy, which involves placing communities at the centre of the fight against Ebola, was key to the success of all our fights against these various epidemics.

Returning to the fight against HIV/AIDS, which brings Member States together here today, on 8 December 2015 the Democratic Republic of the Congo committed to and launched its 90-90-90 strategy, in the context of respect for human rights, as evidenced by the 2008 adoption of a law on the protection of persons living with HIV. Relying on the results of the past five years, the Democratic Republic of the Congo is convinced that ending the AIDS epidemic is possible. I have come to declare from this rostrum that the Democratic Republic of the Congo is willing to change the face of AIDS and to make the eradication of HIV/AIDS a reality.

In the Democratic Republic of the Congo, the fight against HIV began with the discovery of the first 53 cases on its soil at the onset of the epidemic; so too, the acceleration of that fight with a view to eradicating the AIDS epidemic in Africa will begin in the Democratic Republic of the Congo. Therefore, in addition to all local and national commitments, which are marked by an increase in the share of domestic resources out of all mobilized funds — from 3 per cent in 2010 to 24 per cent in 2014 — the Democratic Republic of the Congo wishes to announce that it will make an annual contribution of $100,000 to UNAIDS, starting in 2016.

Finally, we wish to draw everyone's attention to the fact that the world has made progress, but it has not yet eradicated AIDS. If we do not seize this opportunity, there will be a rebound effect with duplication of costs, and the impact on Africa may be irreparable. The Democratic Republic of the Congo therefore calls for HIV/AIDS to remain a priority on the global agenda focused on achieving the Sustainable Development Goals and targets.

The Acting President: I now give the floor to His Excellency Mr. Saleh Alamr, Deputy Minister of Economy and Planning of the Kingdom of Saudi Arabia.

Mr. Alamr (Saudi Arabia) (*spoke in Arabic*): I am honoured to deliver this statement on behalf of the countries of the Gulf Cooperation Council (GCC).

At the outset, I would like to thank the Secretary-General for his report on the fast track to ending the AIDS epidemic (A/70/811).

Five years have passed since the General Assembly adopted the Political Declaration on HIV and AIDS, in 2011. Since then, a great deal of progress and achievements have undoubtedly been realized in certain areas. However, after reviewing the Secretary-General's report, it is still clear that we must do more to achieve our goals, especially since there are many discrepancies among the States that have benefitted from these achievements. Also, there are concerns that the disease might return in certain countries. Therefore, we must shoulder our responsibility to find the ways and means to prevent that from happening and to put an end to HIV and AIDS.

The GCC countries are the least affected by this epidemic, and an important reason for that is the culture of the community, which is based on religious, social and cultural values that encourage people to avoid behaviours that could contribute to HIV infection. Nevertheless, we still work with all members of the community and uphold our responsibility to fight this epidemic at the local, regional and international levels.

The State of Qatar has implemented a national programme to fight HIV/AIDS, which adopts a strategy of investing in prophylactic and preventive programmes that raise awareness about the disease, encourage early diagnosis, and offer care and treatment to those infected by the disease. Qatar has also made great efforts in the fight against stigmatization and discrimination against people living with HIV/AIDS. Furthermore, the Doha Institute for Family Studies and Development organized the symposium on family, the Millennium Development Goals and AIDS in the Middle East in 2011, in collaboration with the Joint United Nations Programme on HIV/AIDS and UNICEF. The outcome document of the symposium, which contains recommendations, was one of the key references for the Arab strategic framework.

As for the United Arab Emirates, it has adopted an effective strategy to fight HIV and AIDS and is continuously updating its national programme for the prevention of AIDS, especially when it comes to the development of legislation and health systems, as well as the development of protocols to raise the awareness of individuals, families and the community.

The State of Kuwait has also achieved much progress in this regard, such as providing free treatment for all infected people, in accordance with its Law No. 62/1992 on the prevention of AIDS, which is binding and upholds the rights of infected people.

The Kingdom of Bahrain established a National Committee for the Prevention of HIV, which is made up of a number of ministries and is headed by the Ministry

of Health. This Committee has set out a multisectoral strategy that engages people living with HIV.

Through its national programme, Saudi Arabia is working to enhance the health of individuals and the community by preventing sexually transmitted infections in general and treating HIV-positive people in particular. We are pleased to provide preventive and treatment services in a way that maintains patients' confidentiality and takes into consideration the psychological and social status of the people affected.

The Sultanate of Oman has a national programme to fight HIV and is working to raise community awareness of the ways people can prevent the spread of HIV and AIDS, as well as early diagnosis and voluntary testing and consultations. It also encourages the acceptance of HIV-positive people in the community and tries to reduce their stigmatization and discrimination.

In addition to all this, the GCC countries observe the Riyadh Charter on HIV/AIDS, which calls on them to work on the implementation of 10 recommendations, which touch upon the issues of care and health support for people living with HIV and improving the involvement of civil society in addressing the disease and developing youth-centred preventive programmes.

In conclusion, the seriousness of this challenge and our common responsibility demand cooperation and teamwork in order to be able to face this problem and to find the means to put an end to the disease. We are looking forward to the fruits of these meetings and discussions.

The Acting President: I now give the floor to His Excellency Mr. Masakazu Hamachi, Parliamentary Vice-Minister for Foreign Affairs of Japan.

Mr. Hamachi (Japan): Thirty-five years have passed since AIDS was first recognized and reported in 1981. Our knowledge and understanding of HIV/AIDS at the time were woefully poor. People feared this new infectious disease was incurable and untreatable. Not only was the experience of HIV/AIDS itself painful and inexorable for those living with the disease and their families, but the discrimination and stigma heaped upon the infected added cruel insult to already grievous injury.

Today, however, we have a chance to realize the end of the HIV/AIDS epidemic once and for all. Indeed, we have achieved outstanding progress. With the support of organizations, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, increased access to antiretroviral drugs has greatly reduced both the number of deaths from AIDS-related illness and the number of new HIV infections.

Japan has been a long-standing advocate of the concept of human security. Human security seeks to protect the vital foundations of the lives of all individuals in a way that ensures freedom and supports self-realization through the development of individual human potential. Based on this guiding principle, Japan wishes to contribute to international efforts to address global health challenges.

One of the most effective means of ensuring human security is the achievement of universal health coverage. Last year, the international community adopted the 2030 Agenda for Sustainable Development (resolution 70/1), which includes the goal of universal health coverage. In order to achieve universal health coverage, we need social restructuring and world leaders must commit to the principle of leaving no one behind from the benefits of health care.

At the previous high-level meetings on HIV/AIDS, world leaders committed to accelerating the efforts to achieve universal access to comprehensive prevention, treatment, care and support for HIV/AIDS. Such commitments are best realized through the achievement of universal health coverage. In order to realize the end of the HIV/AIDS epidemic, we depend on the leadership of the heads of delegations who are gathered here today. We should create a world where HIV prevention, including condom use, education, diagnosis, treatment, care and support are universally accessible, where HIV/tuberculosis co-infection is managed, where mother-to-child transmission of HIV is prevented and where there is neither prejudice nor discrimination. To realize such a world, we should aim to achieve universal health coverage.

Furthermore, it is crucial to address the needs of those who are particularly vulnerable, such as women and girls and other key populations, including men who have sex with men, sex workers and people using drugs who are the most severely affected by the HIV/AIDS epidemic. We must realize a society that protects and supports all vulnerable individuals and people living with HIV. We are living together.

To this end, health systems should mobilize large financial and human resources, including those in developing countries. Japan welcomes the recent trend

in developing countries to place a higher priority on health sector development and increase domestic resource mobilization. It is also important that we forge an enhanced international framework to support those developing countries that are strengthening their health systems.

Japan has long played a major role in global health. At the Group of Eight (G-8) Summit in Kyushu-Okinawa in 2000, Japan introduced infectious disease control to the Summit agenda for the first time in the history of the G7 and G-8. Through this action, Japan paved the way for the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. During the G-8 Hokkaido Toyako Summit in 2008, the G-8 agreed on actions aimed at strengthening health systems.

Last month, Japan hosted the Group of Seven (G-7) Ise-Shima Summit. Under Japan's presidency, the G-7 committed to concrete actions to advance global health as elaborated in the G-7 Ise-Shima Vision for Global Health, highlighting that health is the foundation of economic prosperity and security. The G-7 specifically committed to promoting universal health coverage and to reinforcing the global health architecture to strengthen response to public health emergencies. Before the Summit, Prime Minister Shinzo Abe announced the Government of Japan's pledge to provide $800 million to the Global Fund in the coming years.

Japan has been actively supporting the efforts of developing countries both bilaterally and multilaterally to strengthen their health systems. I hereby reaffirm that Japan intends to fulfil its commitments to the international community and to contribute even further to addressing the world's global health challenges.

The Acting President: I now give the floor to Her Excellency Ms. Tone Skogen, State Secretary of Foreign Affairs of Norway.

Ms. Skogen (Norway): Norway fully agrees that there is a need to scale up efforts to fast-track the end of AIDS. The Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016-2021 strategy sets out clearly that there is no alternative to fast-tracking the AIDS response. Let us build on the historic success of the global AIDS response over the past 15 years and avoid setbacks.

Our new Political Declaration (resolution 70/266, annex) and the UNAIDS strategy must inform and guide our common efforts to end AIDS. We know that the drivers of this epidemic are poverty, inequity, social exclusion, discrimination, gender inequality and norms and perceptions of masculinity. The UNAIDS strategy gives us the direction we need to confront these drivers. The evidence is clear. If we do not succeed in addressing the needs and challenges of key populations and populations of high risk we will not end the epidemic.

Over the past 15 years, Norway has continuously increased its global health investments, thanks to broad political support in our Parliament. Ending AIDS remains a priority and Norway will continue its large AIDS investments through the Global Fund, UNAIDS, International Drug Purchase Facility and civil society organizations. Norway has also rallied behind the Global Strategy for Women's, Children's and Adolescents' Health. Ending AIDS is an important factor for achieving the objectives of the Global Strategy to transform the future so as to ensure that women, children and adolescents not only survive, but also thrive.

The Global Financing Facility in support of Every Woman, Every Child has been set up to close the financing gap in high burden countries and enable them to reach these goals. It is designed to trigger more domestic financing and encourage the pooling of resources. We still need donor funding, but this will play a more catalytic role. Stronger country ownership and increased domestic financing — in line with the Addis Ababa Action Agenda — will make financing more sustainable. The new Global Financing Facility Trust Fund will provide countries with catalytic financing of their national plans to implement the Global Strategy. Norway was one the first contributors to the Trust Fund, which is now engaged in 12 high-burden countries.

At the same time, the 2030 Agenda for Sustainable Development (resolution 70/1) sets a new course, where the fight against AIDS is taken out of isolation and integrated more widely. I would also like to stress the need to ensure a strong focus on quality education. Evidence shows that school attendance reduces the rates of HIV infection in young people — both girls and boys. Access to comprehensive sexuality education and sexual and reproductive health services for young people is also important for enabling adolescents to finish their education and realize their potential. Other critical factors that need to be integrated into these efforts are the fight against tuberculosis and the

availability and quality of health workers as part of stronger overall health systems.

Finally, Norway would like to emphasize the importance of involving young people in this work. As the saying goes, nothing about adolescents without adolescents. We are now at a critical point in the fight against AIDS. Over the next days, let us all join forces and commit ourselves to finishing what we have started.

The Acting President: I now give the floor to Her Excellency Ms. Deborah L. Birx, Global Aids Coordinator of the Department of State of the United States of America.

Ms. Birx (United States of America): I want to begin by thanking the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its leadership. Today, we know the depth and breadth of the HIV pandemic, the number in need of treatment and have a global shared vision of 90-90-90 because of Michel Sidibé and UNAIDS. This week, as we mark the thirty-fifth anniversary of the first reports of what later would come to be known as AIDS, we reflect on both the tremendous progress in the global HIV/AIDS response, but also recognize that there is substantial work remaining to be done to end AIDS by 2030.

The United States Government's commitment to ending the HIV/AIDS pandemic cannot be overestimated. We have invested with our voices, our capacity and our dollars. From the Ryan White HIV/AIDS Program and the United States President's Emergency Plan for AIDS Relief (PEPFAR) to the National HIV/AIDS Strategy and the Affordable Care Act, we have saved millions of lives at both home and around the world.

Domestically and internationally, we have seen the number of deaths due to HIV/AIDS decline significantly for some, but not all. Indeed, the discussions leading up to this moment make it clear that we have not nearly made the progress in ensuring respect for all persons, the protection of human rights, zero discrimination and enabling legal and policy environments to deliver quality treatment and prevention services for all. Populations at the greatest risk are being further left behind pushed further into the shadows in our global HIV/AIDS response. These are the key populations defined by UNAIDS as gay men and other men who have sex with men, transgender persons, sex workers, people who inject drugs and prisoners.

For these key populations, we must translate words of concern into immediate actions to ensure that specific barriers are addressed. These include the lack of acceptance of human rights of all persons, without distinction; the lack of systematic and rigorous measurement and monitoring of stigma and discrimination and clear actions to mitigate; the lack of access to quality services for key populations; and finally, it includes the focus and the lack of focus on improving the care and capacity of key populations led by community-based organizations, not only to advocate for changes in policies, but also to directly implement services.

The United States stands for and with key populations. We are deeply committed to protecting and promoting their health and human rights and taking concrete actions — not words — today. This morning, we proudly announced that, through PEPFAR, we are creating a $100 million Key Populations Investment Fund. This Investment Fund will support innovative, tailored, community-led approaches to address the critical issues I just listed and the gaps that exist for key populations in the HIV/AIDS response no matter where they reside in the world. This Investment Fund will work to identify, measure and change the complex dynamics driving stigma and discrimination. It will support multi-year and comprehensive approaches to ensuring key population-led community-based organizations are directly funded to deliver and develop and improve their capacity for sustainable HIV responses at the local level, driven by data and accountability. Key populations require and deserve the support of all partners and all member States. PEPFAR strongly encourages additional donors from the public and private sectors to join this unique effort and to turn their words into action and contribute to this Investment Fund.

Mr. Tommo Monthe (Cameroon), Vice-President, took the Chair.

As has been true since the very beginning of this pandemic, meaningful engagement of and partnerships with communities and civil society are vital to the success and ongoing sustainability of HIV prevention and treatment services for all populations, especially key populations. This action today by the United States demonstrates the depth of our commitment to the implementation of this very important ideal to end this pandemic.

The Acting President: I now give the floor to His Excellency Mr. Martin Bille Hermann, State Secretary for Development Policy of Denmark.

Mr. Hermann (Denmark): Denmark wishes to thank the President of the General Assembly for convening this high-level meeting on HIV/AIDS at a crucial point in time. We also want to acknowledge and commend the work of the two facilitators, Ambassador Mwaba Kasese-Bota of Zambia and Ambassador Jürg Lauber of Switzerland, in getting agreement on a forward looking and strong Political Declaration (resolution 70/266, annex).

The global AIDS response is at a pivotal point. The end of the epidemic, which has cost so many lives and caused so much suffering, is within sight and reach. This is great news. However, the end of the epidemic will not come automatically. It requires adopting a fast-track approach. Without this, we run the risk of reversal; of losing years' of investment and efforts. It is a battle we cannot afford to lose.

The HIV/AIDS response has made tremendous progress and can report many positive results, particularly in the area of treatment. But while lifesaving treatment is essential, we cannot treat ourselves out of the HIV epidemic, and sadly, prevention efforts are not faring as well as treatment is. Global HIV incidence is stagnating, not declining as desired. Treatment therefore must go hand in hand with a broad range of prevention interventions, if we are to succeed at ending AIDS.

We continue to witness a rise in infections among certain particularly exposed and vulnerable population groups predominantly due to discrimination and gender inequality. The Joint United Nations Programme on HIV/AIDS (UNAIDS) gaps report points us to where we need to focus our attention. Closing the gaps identified in the report requires guaranteeing everyone's right to be able to access information, services and treatment, and to do so without fear of stigma, discrimination or punishment. It is about leaving no one behind, and it is about strengthening community-based approaches. Promoting and protecting the sexual and reproductive health and rights of all individuals — regardless of age, gender, occupation, sexual orientation or gender identity — is imperative. We must address and tackle issues like gender-based violence, including rape and child, early and forced marriage.

We must meet the huge, unmet demand for information and services, including contraception, and we must ensure that key populations in particular — including sex workers, men who have sex with men, transgender people, prisoners and people who inject drugs — are able to access services in a people-centred, inclusive, non-stigmatizing and non-discriminatory manner. Shying away from these issues will not make them go away. On the contrary, leaving no one behind will be crucial to reaching the ambitious Sustainable Development Goals. Stigma and discrimination have no place in the twenty-first century. We must not let yesterday's taboos stand in the way of tomorrow's results.

The world today faces the largest generation of young people in history. We know how HIV disproportionately affects adolescent girls and young women. In Sub-Saharan Africa, young women account for one in four new HIV infections and AIDS is the leading cause of death among adolescent girls. We need to fight the root causes of this epidemic. Young people have a right to be equipped with the knowledge and means to protect themselves from HIV infection. Access to comprehensive sexuality education for young people and adolescents in and out of school, as well as to youth-friendly services, is essential. It will enable young people to make informed choices about their sexual and reproductive lives and thereby shape their futures in terms of education, employment and family.

We know what to do; what is required is action. In that regard, we welcome the new UNAIDS strategy, which places a strong emphasis on ensuring the human rights of the most vulnerable and marginalized population groups and has an overarching goal of eliminating HIV-related discrimination.

Denmark remains committed to working with all partners — including civil society, which has played a crucial role in the fight against HIV and AIDS — to respect, protect and fulfil the human rights of all in the efforts to end AIDS by 2030. The world must put the needed effort into finishing and winning this battle, which we began more than 15 years ago. This is not the time to hesitate; this is not the time to waver. It is time to finish the job.

The Acting President: I now give the floor to His Excellency Mr. Alexey Tsoy, Vice-Minister of Health and Social Development of the Republic of Kazakhstan.

Mr. Tsoy (Kazakhstan): The Republic of Kazakhstan commends the global efforts of the United Nations, and its flagship agency, the Joint United Nations Programme on HIV/AIDS (UNAIDS), to achieve the ambitious goal of implementing the 2030 Agenda for Sustainable Development (resolution 70/1), and the 2016-2021 UNAIDS strategy. We welcome the Political Declaration on HIV and AIDS (resolution 70/266, annex) and its set of time-bound targets to combat the worldwide scourge of HIV and AIDS over the next five years and to end the epidemic as a public health threat by 2030. Kazakhstan pledges to be a part of this transformative worldwide solidarity and shared responsibility. We will also contribute towards promoting new levels of comprehensive research and development to reach the remote corners of the world where AIDS is still very prevalent.

We call for North-South, South-South and triangular cooperation with regional organizations, such as the African Union, the European Union, the Organization for Security and Cooperation in Europe, the Organization of Islamic Cooperation, the Organization of American States, the League of Arab States and others. The international financial institutions, alongside regional banks in Africa, Asia and Latin America, must also step up their investments for the least developed countries and especially the Sub-Saharan region. HIV/AIDS is a condition that not just impedes a society's advancement, but decimates its social fabric and all its infrastructure.

Kazakhstan, as a responsible Member State, is ready to address how the recommendations of the report of the Secretary-General (A/70/811) and the Political Declaration can be implemented in different regions of the world, based on considerations of need, limited funding, human capital and infrastructure. We are ready to promote activities in the Central Asian region based on our own national ownership of progressive and far-reaching strategies. Although the report refers to the sharp increase in the number of newly infected people in the Central Asian region, primarily via drug injection, according to data from the World Health Organization (WHO), the HIV epidemic ratio in Kazakhstan is stable, at 0.2 per cent. This has been possible due to the timely intervention by the Government through insightful policies.

Kazakhstan has proved that only systematic and holistic measures, through increased financial outlays and provisions of universal access, are effective. We will work with others to ensure that such measures can be implemented in other developing countries, too. We are pleased to inform the Assembly that HIV treatment in Kazakhstan is entirely State-funded, without international donor assistance, now that it has graduated to the category of upper middle-income country. We also have high standards in service delivery efficiency, expanding the range of registered drugs available and revising diagnosis and treatment protocols in line with WHO recommendations, and we are ready to share best practices with other countries in transition.

Such countries will need assistance, not only in implementing international WHO guidelines, but more so to fight the barriers of stigma and stereotyping through prevention and intensive public-awareness campaigns to enable acceptance and integration. It is therefore critical to mobilize community groups, civil society and the media, especially social media and digital technology, as powerful tools for prevention and advocacy. Kazakhstan has set the priority of a multisectoral approach in combating the spread of HIV/AIDS. Non-governmental organizations have the opportunity to participate in setting up preventive programmes through State-funded efforts to secure social order.

Population groups that are most at risk of HIV infections are provided with syringes, condoms, antiretroviral therapy and treatment for sexually transmitted infections, tuberculosis, and Hepatitis B — all fully covered by the State. The access to free counselling and testing, and information about transmission and prevention measures, is provided widely. We have learned from our experience how important it is to include women, minorities and vulnerable groups and thereby ensure social justice and equality, which are the foundations of Agenda 2030.

In 2017, Kazakhstan will begin treatment of HIV-infected individuals with CD4 counts of less than 500 cells, and plans to continue with immediate intervention after HIV detection so as to reduce new cases and deaths from AIDS. Kazakhstan has the capability and political will to work towards fulfilling the objectives of the outcome document of this high-level meeting.

The Acting President: I now give the floor to His Excellency Mr. Miguel Mayo, Vice-Minister of Health of the Republic of Panama.

Mr. Mayo (Panama) (*spoke in Spanish*): It is an honour to address the Assembly today on behalf of the

President of the Republic of Panama, Mr. Juan Carlos Varela Rodríguez, to reiterate the commitment of our country to working with the international community to eradicate HIV/AIDS before 2030 as an imperative and urgent goal. With this firm goal in mind, Panama welcomes the adoption yesterday of the Political Declaration on HIV and AIDS (resolution 70/266, annex), aimed at fast-tracking efforts to put an end to AIDS in this era of sustainable development.

From 1984 to October 2015, the Republic of Panama saw more than 23,700 cases of HIV/AIDS, 14,600 of them at an advanced stage. These figures call for immediate action. In the short term and with the help of civil society, we want to integrate these strategies into our multisectoral operative plan. We recognize that such integration is essential to the success of the strategies proposed by intergovernmental bodies and cooperation agencies to decrease the number of people living with HIV/AIDS.

It is for that reason that today, more than ever, civil society activism is vital. In order to reach the 90-90-90 targets, and in consideration of the fast-track strategy and the treatment-as-prevention guidelines, my country has been preparing for two years by taking small steps to lay the groundwork for the foundations of the fight against HIV in Panama. The strategies outlined include a new algorithm based on rapid diagnostic tests in primary health care; the establishment of 15 antiretroviral therapy clinics in our 14 geographic health regions; the extension next year of primary health-care services to people who have HIV, as decided upon consultation with the Pan American Health Organization and the Centre for Disease Diagnosis; 100 per cent State funding and gratis provision of all medication and products for follow-up treatment for patients with HIV, an effort that is 15 years in the making; the imminent decentralization of CD4 and viral load tests by the second semester of 2016 in order to increase its availability nationwide; and free testing throughout the country.

Free testing for pregnant women and a high coverage rate of over 90 per cent allowed us to reduce the prevalence of mother-to-child transmission of HIV/AIDS to 3.7 per cent by 2015, a figure that we still deem unacceptable for our country. Women's access to education is an indisputable value that we have championed since the beginnings of our Republic. Last year, we increased the minimum legal age for marriage, thereby preventing marriage for girls. We have reached agreements with the Global Fund to Fight AIDS, Tuberculosis and Malaria to subsidize tuberculosis management and education, and to combat the stigma and discrimination that affects people who live with both of these health conditions.

In addition, we have created six friendly clinics for men who have sex with other men, women sex workers, and transgender women, where they receive timely treatment and prevention care for sexually transmitted diseases in an environment that is free of stigma and discrimination, all fully funded by the Government of Panama. We have issued a decree that governs friendly clinics so that the response is neither political nor temporary but rather a State proposal.

Actions to combat HIV in Panama play a fundamental role in State policies and the defence of our citizens — men, women, boys and girls — who deserve a better world and a life full of opportunities to be enjoyed in good health. Today, with the support of the First Lady of the Republic and Joint United Nations Programme on HIV/AIDS Special Advocate for AIDS in Latin America, Lorena Castillo de Varela, we are bolstering our country's response.

My country faces many challenges, one of the most important of which is reaching the 90-90-90 targets by 2020. It is a commitment that we have no intention of evading, and there is no doubt whatsoever that we will succeed by collaborating with cooperative agencies, donors and an active and empowered civil society, working together with the Government of the Republic of Panama. Panama, a country that over 100 years ago divided its lands to unite the world, is fully committed to cooperating in the fight to eradicate this disease.

The Acting President: I now give the floor to His Excellency Mr. Mario Giro, Deputy Minister for Foreign Affairs of the Republic of Italy.

Mr. Giro (Italy): I am honoured to address this high-level meeting on behalf of Italy.

While Italy fully aligns itself with the statement delivered by the representative of the Netherlands on behalf of the European Union (see A/70/PV.99), I would like to share some additional thoughts.

The global campaign against HIV/AIDS has made great progress, but we all know that it is not over yet. As in all campaigns, the final stretch is always the most difficult to push through, and we cannot lose our focus now with the momentum of the 2030 Agenda

for Sustainable Development (resolution 70/1) and the Sustainable Development Goals, which offer us the unique possibility of a holistic and multidimensional approach. We should remain anchored to Goal 3 — "Ensure healthy lives and promote well-being for all at all ages" — but our work in HIV-AIDS is virtually interlinked with so many other goals.

Fighting HIV/AIDS remains a key priority for Italy, both within our national borders and working with our development partners. Italy has been a strong supporter of the work of the United Nations, particularly in the context of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and has played a major role in its creation at the Group of Eight Summit in Genoa in 2001. We have remained a key supporter since 2014, and we will increase our participation, raising our contribution to over 30 per cent as requested by the Global Fund. That contribution will be pledged formally at the fifth replenishment conference, to be held in September in Montreal. Together with the Global Fund, Italy is also organizing a high-level meeting on the contribution of the Global Fund to global health within the framework of the 2030 Agenda. The event, to be held 27 June in Rome, also aims at building momentum with a view to the future pledging conference.

Italy appreciates the fast-track approach envisaged in the Political Declaration (resolution 70/266, annex), working to build a resilient and sustainable health-care system; to reduce barriers towards universal health coverage, especially for women; and to improve girls education, recognizing the impact of education on health. Looking at prevention and treatment in a more integrated manner is another key element of our strategy. Central to this idea is a greater level of investment in human capital, and building skills and capacities, which must go hand-in-hand with access to medicine.

We are closer than ever to achieving our goal, but there are still too many highly vulnerable, marginalized and neglected populations in every country that we cannot afford to leave behind. Italy also recognizes the seriousness of the shortages and depleted stocks of medicine, especially for the most vulnerable. Broken supply chains, insufficient control by civil society, poor indicators and unsatisfactory emergency response mechanisms are issues that must be more urgently addressed.

New and innovative approaches are needed to target key populations and other at-risk groups, such as refugees and migrants, detainees and sex workers, among others. This must be done in recognition of the crucial importance of promoting the human rights of people living with HIV because the protection and promotion of human rights and of inclusive societies have a positive impact on preventing the spread of HIV and on mitigating its social and economic consequences. Adolescent girls and young women remain at risk. Insufficient access to treatment, education and health-services, in addition to food insecurity and violence, are some of the reasons why there are increased risks.

Finally, building on the spirit of the third International Conference on Financing for Development, in Addis Ababa, we must continue to encourage stronger global and local alliances of Governments, regulators, industries, civil society, local communities, faith-based organizations, research institutes and patients' associations to promote innovative financing mechanisms and the emergence of new donors, both public and private. We know from experience that the community-based strategy is the most effective strategy for both treatment and care. These and other issues are at the heart of an event that Italy has organized at the margins of this high-level meeting with the cooperation of many partners and friends committed to ending HIV/AIDS in Africa.

Those are just a few of the reasons that we fully support the Political Declaration adopted earlier, which we believe will help to achieve our shared ambition to end HIV/AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Maria Teresa Barán, Vice-Minister of Public Health of the Republic of Paraguay.

Ms. Barán (Paraguay) (*spoke in Spanish*): First of all, on behalf of the delegation of Paraguay, I would like to express our best wishes for the success of this meeting.

HIV/AIDS is an ongoing challenge for health and development worldwide. Since the appearance of the first case of infection in Paraguay, in 1985, the capacity of the public health system and the implementation of public policies to respond to the epidemic have progressively grown and been improved, in the context of changes in terms of both the epidemiological profile of the disease since its beginnings and our national reality.

Paraguay's National Programme for the Control of HIV/AIDS and Sexually Transmitted Infections, founded in 1988, has two main areas of activity: first, it oversees the comprehensive national integrated and committed response to the HIV and sexually transmitted infections epidemics; and, secondly, it manages, in a decentralized manner, the delivery of promotion, prevention and comprehensive care services, with a focus on human and gender rights, with a view to slowing the progression of the epidemic and improving the quality of life of people living with HIV and sexually transmitted infections.

In our country, recent studies show that the most common transmission route of this infection is through sex, with the highest prevalence of infection being among young people between the ages of 20 and 34 and in adolescents and older adults. In addition, the proportion of infections remains higher in men than in women, and the largest number of detected cases come from the capital, the metropolitan area and border areas. Our country has managed, in recent years, to keep the number of cases of categorized infections such as AIDS, as well as mortality rates, steady, thanks to the incorporation of free and universal antiretroviral treatments into health-care services.

For Paraguay, it is essential that the people most affected by HIV/AIDS — in particular such key populations as men who have sex with men, sex workers, drug users, transgender persons, incarcerated persons and indigenous peoples — be guaranteed access to high quality health and HIV services, free of stigma and discrimination. As a developing country, we call for increased global investment to prevent and treat HIV and for the private sector to be included in this effort. In addition, we advocate additional investment in HIV/AIDS research and development.

Ending the AIDS epidemic is an essential part of achieving the Sustainable Development Goals. To meet this objective, States should not only implement comprehensive public health approaches and care for people who are affected or at risk, but they must also necessarily work for an attitudinal shift in society in order to break with the sociocultural barriers that keep prevention from being the primary strategy for ending the disease. In that regard, we stress the importance of sex education and the effectiveness of a focus based on human rights to make progress in the HIV response, together with coordinated work with organized civil society.

Finally, we call upon States, the United Nations system, regional organizations, the private sector, civil society and academia, including the scientific community, to take advantage of the next five years as a unique opportunity to strengthen international commitment and solidarity in order to give a strong impetus to the global response to HIV/AIDS and end the AIDS epidemic by 2030.

The Acting President: I now give the floor to His Excellency Mr. Carlos Foradori, Deputy Minister for Foreign Affairs and Worship of the Argentine Republic.

Mr. Foradori (Argentina) (*spoke in Spanish*): The Argentine Republic is strongly committed to the respect for and promotion and protection of all human rights. Our Constitution recognizes health as an essential right that must be guaranteed for all its citizens, without exclusions. Argentina is convinced that the global commitment to ending the AIDS epidemic, to which the 2030 Agenda for Sustainable Development (resolution 70/1) aspires, is an unprecedented opportunity to end one of today's most devastating health problems.

By adopting the 2030 Agenda, States have highlighted the need to achieve universal access to health care and universal coverage, without exclusions, as prerequisites to promoting physical and mental health and prolonging the life expectancy of all. HIV/AIDS remains a global health emergency that poses one of the priority challenges for the development, progress and stability of our societies. It requires an exceptional and comprehensive global response that takes into account the fact that the spread of HIV is often both a cause and a consequence of poverty and inequality. The eradication of poverty in all its forms is an essential condition for sustainable development, and it is one of our national Government's priorities.

Argentina emphasizes and appreciates the enormous progress that the international community as a whole, and States in particular, have made in the fight against HIV/AIDS in the last 15 years. These advances are the result of a coordinated, funded and cooperative effort, with the strong political will of all stakeholders at the global level. We consider it essential to strengthen the commitments and progress made to date, with the full conviction that we are at a key juncture for reaffirming and redoubling our efforts, as well as our political will and resources, for the final part of the overall strategy to end the AIDS epidemic in the next 15 years.

In Argentina, we are developing a principle that we hope will guide our international action in any geographical location and in every chapter of the global agenda — the principle of non-indifference. Indeed, we are not indifferent to the suffering and trials caused by such scourges as war, natural disasters and epidemics like AIDS. It is in that framework that we have undertaken our firm commitment to the work of the United Nations and in particular, to that of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Our country will continue to promote the full implementation of the 2016-2021 UNAIDS strategy, as well as the objective of 90-90-90 treatment by 2020. We are convinced that the respect, promotion, protection and full enjoyment of all the human rights of women and girls, as well as gender equality and women's empowerment, are essential preconditions for achieving the ultimate goal of ending the epidemic. Universal access to health care and social protection systems, the early start of treatment with antiretroviral medications and universal access to treatment for persons living with HIV/AIDS are essential for inclusion, integration and protection.

Furthermore, the protection of rights, the sexual and reproductive health of young people and adolescents, comprehensive sexuality education and access to medicines and quality health services are key elements to ensuring the effectiveness of all efforts to prevent and combat the epidemic. In that regard, access to affordable quality medicines is a sine qua non for ending the epidemic. To that end, the international community as a whole, States, the private sector, academia and civil society need to multiply our efforts, our financial resources, our cooperation in technology transfer and our investment in research and development in order to achieve that objective and thereby promote healthy communities and just and inclusive societies.

As part of the national response, Argentina has developed and strengthened a public policy on prevention and access to diagnosis and treatment. That response has been established as a State policy financed entirely by the national budget. Argentina guarantees the provision of antiretroviral treatment and access to universal, free and confidential HIV testing and diagnosis. At the national level, the HIV response works in coordination with and with the involvement of multiple actors from different sectors of national life, including civil society, people living with HIV and key populations.

For that reason, we would like to emphasize that our delegation is composed of a large number of representatives of organizations of civil society and the first openly transgender civil servant in Argentina, from the country's Ministry of Security. In that regard, I would like to acknowledge the breaking news that the Stone Age has ended in Argentina. Based on the 2030 Agenda's commitment to leaving no one behind, we firmly believe in the need for a transformative and inclusive approach aimed at absolutely everyone: women, boys and girls, adolescents and young people, including key populations in respect of the HIV/AIDS epidemic, especially drug users, sex workers, homosexuals and men who have sex with men, transgender persons and persons deprived of their liberty, who are particularly vulnerable, not only to the virus itself but also to multiple forms of stigma, discrimination, violence and exclusion.

Only thus will we be able to honour the commitment set out in the 2030 Agenda to put an end to the AIDS epidemic in the next 15 years. Stepping up the fight against HIV and putting an end to AIDS will be our legacy for present and future generations. I would like to point out that the new Argentine Government concerns itself not only with the subject, but also the predicate. It is not enough to solve the problems caused by this scourge without deploying one's most cherished values in the form of concrete preventive actions. The delegation that I have the honour to head is rooted in the abundant wealth that its diversity brings to bear and proves that one of the Government's slogans, the union of all Argentines in this, as in all other areas, constitutes a compelling attribute of our national objective.

The Acting President: I now give the floor to Her Excellency Ms. Tania Dussey, Secretary of State of the Swiss Confederation.

Ms. Dussey (Switzerland) (*spoke in French*): They did not know it was impossible so they did it, said Mark Twain. Imagine being told that it was impossible to be cured, that having contracted a virus amounted to a death sentence, the only responses being closed doors and no after no. What should one do? Sometimes in life, it becomes necessary to defy those who say it is impossible, that there is no way out, and instead support those women and men who have the courage to say yes and achieve the impossible.

We have come a long way since the 1980s, when AIDS became a global epidemic. Together, we have

achieved astonishing results. Today, we find ourselves at the crossroads of two paths to put an end to the epidemic. If we fail to continue to reduce the number of new infections, if we do not guarantee adequate services to 37 million people currently infected with HIV, then the epidemic will get the better of us, and we will be unable to contain it. Rather than scare us, the risk of going backwards should prompt us to act with greater conviction.

The past 30 years have shown us that it is possible to achieve ambitious goals and eradicate the disease by the year 2030. By bringing together the political will and commitment of many actors, particularly civil society actors, we will be able to achieve concrete results. Switzerland is convinced that it is necessary to accelerate and intensify our response to HIV. This acceleration will be determined by five factors that we must take into account.

First, there is a need to further consider the determining factors of the epidemic. In all regions of the world, we need to understand the factors that influence it in a given context. There is a need to focus systematically on the social, economic and political determining factors of the epidemic, such as poverty, inequality — including gender inequality — social exclusion and discrimination, such as the criminalization of sexual relations between persons of the same sex or injecting drug users.

Secondly, we must strengthen health systems. As with other diseases, it is impossible to combat the epidemic in isolation or through parallel structures. On the one hand, we do not have the means. On the other hand, health systems must respond holistically to the various health issues and problems that a person may encounter. In 2015, through its bilateral programmes in Southern Africa, Switzerland's contribution has made it possible for one million young women and men to gain access to sexual and reproductive health services, including HIV/AIDS-related services.

Thirdly, we must continue to systematically pursue a human-rights-centred approach. As a fundamental right, the right to health urges States to provide services, property and infrastructure that are accessible and, above all, of good quality. The entire population — without exception — must be informed and given an opportunity to participate in decision-making processes concerning health-related issues. Discrimination and stigma are never justified.

Fourthly, in order to accelerate this response, we must adopt a targeted approach that is centred on the sites and populations most particularly affected by the epidemic. Switzerland has been successful in its efforts to combat the spread of the virus through targeted political action with injecting drug users. The reduction in infections has been achieved through free and easy access to sterile injection equipment, thereby reducing the risk of infection. We are convinced of the importance of continuing this journey together We would never have been able to get where we are today without working in partnership; the response to AIDS is a model of cooperation between different actors.

Lastly, it is important to highlight the tireless work of civil society. In that connection, I am proud to have a representative of Swiss civil society in my delegation. Civil society and community movements are here because it is they who represent the voice of the realities experienced by persons affected and infected by HIV. Without community involvement, we will never put an end to AIDS.

The Acting President: I now give the floor to His Excellency, Mr. Jarosław Pinkas, Minister of Health of the Republic of Poland.

Mr. Pinkas (Poland): Poland aligns itself with the statement delivered by the representative of the Netherlands on behalf of the European Union and its member States (see A/70/PV.99).

Over the past decades, many countries have made great progress in combating HIV/AIDS, but the epidemic remains a significant global health threat. In Poland, we strongly believe that only by having all interested stakeholders joining forces and by strengthening partnerships will it be possible to fulfil the commitment to end the AIDS epidemic by 2030. That belief is built on the basis of global and local examples. I am proud of the fact that Poland has been playing an active role in the development and the adaptation process of the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016-2021 strategy. Allow me to recall Poland's leadership in the UNAIDS Programme Coordinating Board as the entity's chair in 2012.

Allow me to recall that Poland was among the first countries of Central and Eastern Europe to offer wide, free-of-charge access to diagnostics, antiretroviral treatment and care for people living with HIV/AIDS. To date, the best Polish practices in this area are used as a benchmark for several countries in our region. Poland

has a very low HIV prevalence and is characterized by a stable epidemiological situation with approximately 1,000 new HIV infections diagnosed each year. However, the rough estimates indicate that there are about 20,000 people unaware of their infection. Allow me to highlight that Poland is a country of strong partnership between government and civil society organizations, reflected in the implementation of the strategy on HIV/AIDS at country level.

The Polish programme on combating HIV/AIDS is based on the principle of inviolable human dignity and respect for human rights. The Minister of Health, represented by the National AIDS Centre, coordinates the implementation of the strategy at country level. The interdisciplinary and multi-level strategy is implemented at all administrative levels including Governmental organizations, local municipalities and community-based and civil society organizations. The Constitution of the Republic of Poland guarantees and ensures that citizens, irrespectively of their financial situation, have equal access to publicly financed health services. The national policy on HIV/AIDS in Poland and the implementation of international declarations and recommendations on HIV/AIDS have influenced the continuing progress of the country's HIV/AIDS response.

Since the very beginning, Poland has developed a sustainable financing of antiretroviral treatment. Each year, the Minister of Health allocates funds that ensure equal access to antiretroviral therapy for all. In 2015, the budget for antiretroviral treatment amounted to $75 million. At this point, allow me to recall that the existing mechanism of purchasing and monitoring of antiretroviral drugs optimizes allocation of funds and distribution of drugs in the country.

Prophylaxis against mother-to-child HIV transmission is one of the key elements of the national strategy on HIV/AIDS. In Poland, the financing of prevention of vertical transmission is one of the top priorities of the Minister of Health. All HIV-positive pregnant women whose serological status is known are covered by the prophylaxis of vertical transmission. Thanks to the implementation of antiretroviral prophylaxis, the percentage of perinatal infections dropped in our country from 23 per cent before the year 1989 to zero.

Based on international recommendations and best practices in the field, Poland built and constantly expands the national system of early detection of HIV, as well as treatment and support for people living with the virus. In our country, a lot of attention is given to respecting human rights and human dignity in the context of the HIV/AIDS epidemic. In order to tackle the problem of stigma, Poland has developed a system of anonymous and free-of-charge HIV testing, which is open to all, including migrants.

Our national activities also focus on people who are at risk of marginalization. Since 2001, the penitentiary system in Poland has been implementing a health-care programme that allows inmates to have full access to antiretroviral therapy free of charge and that asserts the same standard of diagnostic treatment as that offered outside prison settings. Building awareness and education plays an important role in tackling the problem of the HIV/AIDS epidemic. Poland can provide a number of examples of well-functioning nationwide educational campaigns aimed at different populations at higher risk of HIV infection.

Allow me to conclude by saying that effective measures to tackle HIV/AIDS would not be possible without the political support of national Governments. As in previous years, Poland would like to actively support and participate in the process of realization of the strategy to end AIDS by 2030. We go hand in hand with all who take the fast-track approach in order to reach the 90-90-90 treatment targets stipulated in the UNAIDS 2016-2021 strategy. Speaking on behalf of the Republic of Poland, I would like to reaffirm our commitment to, active participation in and support for the strategy to end the AIDS epidemic by 2030.

HIV and AIDS hamper development in many parts of the world. It is therefore essential, that the strategy of ending AIDS by 2030, an integral part of the Sustainable Development Goals adopted by the United Nations in 2015, is consequently implemented and accomplished. We all agree that ensuring the success of the Sustainable Development Goals, including ending the AIDS epidemic, requires international solidarity and partnership. The political support of Governments, public sensitivity, awareness of health-related risks, active involvement of non-governmental and civil society organizations are key to succeed in ending the HIV/AIDS epidemic by 2030.

The Acting President: I now give the floor to Ms. Verónica Espinosa, Vice-Minister of Governance and Health Vigilance of the Republic of Ecuador.

Ms. Espinosa (Ecuador) (*spoke in Spanish*): On behalf of the people of Ecuador, of the Government of the citizen revolution and of our President Rafael Correa Delgado, allow me to express a fraternal and warm greeting to all present. Ecuador reaffirms its commitment to the Political Declaration (resolution 70/266, annex) adopted by the General Assembly. We are convinced that, in order to eliminate AIDS as a public health problem by 2030, commitment and political will must prevail. We must be able to generate and implement strategic agendas that advance towards the fulfiiment of all the Sustainable Development Goals.

It is essential to emphasize our country's commitment to accelerating he response and addressing the holistic needs of people living with HIV/AIDS or of those who are at risk of contracting it, with multisectoral and intersectoral coordination and with a focus on the social determinants of health and the guarantee of rights: the right to life, the right to health and sexual and reproductive rights. We are clear; we understand health as a right of all and not a privilege for the few. During the nine years of the Government of the citizen revolution, public policy has been reoriented around the human being and not around capital, elevating respect for human rights to the rank of cornerstone of social development.

Our country has set for itself the objective of guaranteeing its population's good living, or *sumak kawsay*, as it is known in the Quechua language. That ancestral Andean concept, which guides the spirit of the Constitution of our country, identigies a full life in terms of harmony among individuals, the community and the environment. Figures and facts outweigh words. Unprecedented public investment, resulting in a 16.5 point reduction in multidimensional poverty — the most comprehensive poverty benchmark — demonstrates genuine political will. That means that 1.9 million Ecuadorians were lifted out of poverty.

The public health system increased the number of beneficiaries of care from 16 million to 38 million between 2009 and 2015, guaranteeing free and universal coverage. Thanks to the coordinated efforts of civil society, which is represented among us in the delegation today, HIV/AIDS incidence was reduced by 43 per cent. Timely access and free comprehensive treatment are guaranteed to people living with HIV/AIDS. During the tragic events that occurred after the earthquake of 16 April on the northern coast of Ecuador, antiretrovirals and comprehensive health care were readily available for affected people living with AIDS. Those are just a few examples of the paradigm shift of development.

History will judge us on everything that we have done and everything that we have left undone. Future generations may recall this high-level meeting as a historic moment in the fight against AIDS, as the beginning of the end, and we will be proud to have been part of a genuine step towards development, towards the desired good living. However, history will also recall our failures as a society, and one day we will have to account for having been part of the generations who succumbed to so great a contradiction, having developed antiretroviral treatments and other health technologies capable of halting the progression of the disease, improving the quality of life and preventing AIDS-related deaths, but then limiting their access through legal monopolies and prices that millions of human beings cannot afford. At what point did we allow the balance of rights to be reversed?

The right to health and to life clearly supersede the privileges of intellectual property when the two are in conflict. We recognize the imminent need to ensure access to essential generic medicines in order to fight HIV/AIDS and the need to strengthen mechanisms that eliminate barriers to access, given that access to medicines and public health interests will prevail over economic and commercial interests. In that regard, we call on Member States and representatives of civil society to strengthen the debate on the legally binding instrument on human rights and transnational corporations promoted by our country.

That instrument creates a space for States to agree on how to proceed in order to redress the imbalance between those who have been victims of human rights violations perpetrated by transnational corporations and the legal, economic and political protection that countries generally extend to those corporations. The time has come for those actors to join the fight against the AIDS epidemic, not only for profit but also for commitments. Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world, as stated in the preamble to the Universal Declaration of Human Rights. In today's Political Declaration, we have taken important, albeit insufficient, steps towards that recognition. We must

continue to work harder every day towards a deeper recognition thereof.

The Acting President: I now give the floor to His Excellency Mr. Jung Ki-suck, Director of Centres for Disease Control and Prevention of the Republic of Korea.

Mr. Jung Ki-suck (Republic of Korea): At the outset, I would like to express my deepest appreciation to His Excellency, Mr. Mogens Lykketoft, President of the General Assembly, for convening today's high-level meeting on HIV/AIDS. I would also like to thank all the relevant United Nations agencies and partners steadfastly committed to ending HIV/AIDS.

Since 2000, new infections in adults and children have declined by 35 per cent. Deaths from HIV-related causes have declined 24 per cent. Nearly 16 million people living with HIV are now on antiretroviral therapy, and the global response has averted 30 million new HIV infections and 7.8 million AIDS-related deaths.

Despite such achievements, significant challenges remain. In 2014 alone, more than 2 million people were newly infected with HIV, 1.2 million people died from AIDS-related illnesses and nearly 1,000 young women were infected every day. These challenges should be considered not only as public health issues, but also as development and human rights issues. The Republic of Korea welcomes the ambitious goals to end the AIDS epidemic by 2030 and the fast-track goals for 2020, which will bolster the synergy between HIV/AIDS and other health and development priorities, and subsequently contribute to the realization of the overarching Sustainable Development Goals. In order to achieve these ambitious targets within the next few years, several points must be considered.

First, we need to scale up effective prevention programs. Prevention is the key to slowing the transmission of HIV and ultimately reducing the number of people in need of treatment. While antiretroviral drugs including pre-exposure prophylaxis are effective prevention tools, only an estimated 50,000 out of the three million people at very high risk of exposure to HIV have access to pre-exposure prophylaxis. Increasing prevention options for underserved populations, together with increased HIV testing, would create a potential synergy to effectively prevent HIV transmission. However, before such interventions can be scaled up, we need to better understand the different target populations and service delivery models for rolling out prophylaxis. We must invest in operational research in order to increase and sustain the demand for cost-effective prophylaxis.

Secondly, the 90-90-90 treatment target can be achieved through the continued provision of proper treatment and universal medical services, which are crucial to maintaining the health of people with HIV as well as to reducingthe chances of transmission. The Government of the Republic of Korea has covered the costs of antiretroviral therapy since 1989. The average treatment rate of people living with HIV for the last three years is 92 per cent.

Thirdly, it is essential to review and reform laws and policies in order to eliminate HIV- and AIDS-related stigma and discrimination. We must raise public awareness on HIV/AIDS based on accurate information, thereby eliminating social prejudices and improving access to voluntary HIV testing and treatment.

Fourthly, we must pursue new scientific solutions and make investments in research and development for improved diagnostics, easier and more tolerable treatment regimens, therapeutic vaccines and other preventive technologies. The past 15 years have taught us that innovation is crucial in bending the HIV-epidemic curve. Technological advancements in service delivery have been critical to HIV management and care. In the next phase of the global response, innovation will be all the more important in accelerating efforts to meet the Sustainable Development Goals of the 2030 Agenda for Sustainable Development (resolution 70/1).

Despite its low HIV prevalence, the Republic of Korea continues to make efforts to strengthen HIV/AIDS prevention. The Korean Government has established comprehensive health-care mechanisms, including free and anonymous HIV check-up centres, as well as the provision of education and antiretroviral treatment at no cost to people with HIV/AIDS. In its legal and social context, the prohibition of any discrimination against people with HIV in the workplace was stipulated in 2008. Furthermore, through the revision of a regulation in 2010, the Republic of Korea has had no HIV-specific travel restrictions solely based on HIV status.

Ending the HIV/AIDS epidemic is a shared responsibility. We need global solidarity, commitment and investment to end the epidemic for good. Taking this opportunity, my Government would like to reaffirm our unwavering commitment to ending HIV/AIDS and

to sparing no effort in ensuring that we end the HIV/AIDS epidemic by 2030.

The Acting President: I now give the floor to His Excellency Mr. Patrick Ndimubanzi, Minister of State in Charge of Public Health of the Republic of Rwanda.

Mr. Ndimubanzi (Rwanda): At the outset, I wish to acknowledge the leadership of the President of the General Assembly, the Secretary-General and the Executive Director of the Joint United Nations Programme on HIV/AIDS for continuing to bring HIV/AIDS to the forefront of the global discussion agenda.

We need to celebrate the progress made in improving access to prevention, care and treatment services for people living with HIV/AIDS. However, we must at the same time recognize that the HIV/AIDS epidemic continues to cause devastation for families and societies across the world. The remarkable progress we observe today in the AIDS response is due to the past and current extraordinary global solidarity in the fight against HIV. Those achievements are testimony to the outstanding, successful collaboration of various stakeholders. The persistence of that collaboration is critical to creating a strong foundation for ending AIDS by 2030. Ending AIDS will require sustained resources, more strategic coordination and partnership among Governments, international institutions and national civil-society organizations, as well as among people living with HIV themselves.

We all know that African countries have made significant progress in their HIV responses. However, up to now, many HIV programmes remain highly donor-dependent, meaning that the current and projected gains are still very fragile. With declining financial support for HIV programmes, there is an urgent need for the increased involvement of national resources and a better integration of comprehensive HIV services within the health-care systems and communities, and for the global community to stand once again in solidarity so as to ensure a smooth transition between external and domestic funding. Adequate planning and coordination will minimize any detrimental impacts on people living with HIV.

To date, the ongoing global partnership for the HIV response has led to reductions in HIV infections, as well as HIV-related deaths. In Rwanda in particular, the number of new HIV infections was reduced by as much as 49 per cent between 2004 and 2015. In addition, we recorded a decline of nearly 84 per cent in the overall AIDS-related deaths in the same time period.

This high-level meeting offers an opportunity to consider the future of the fight against HIV/AIDS so that all concerned stakeholders have a chance to reexamine current achievements and persistent challenges and to draw together the appropriate strategies in order to achieve the fast-track targets. Going forward, we must look at how best to implement evidence-based activities so as to reach current global targets, like the 90-90-90 treatment target, through innovative approaches, such as the test-and-treat approach. But we always need to take into account national contexts for greater ownership and sustainability.

In conclusion, I wish to recall that, while acknowledging the current achievements, there is still much to be done to ensure that nobody is left behind. Only strong global solidarity in terms of ongoing partnerships, financial support and shared responsibility will enable us to close the remaining gaps and end AIDS by 2030.

The Acting President: I now give the floor to His Excellency Mr. Oleg Gorin, Deputy Minister of Health of the Kyrgyz Republic.

Mr. Gorin (Kyrgyzstan) (*spoke in Russian*): It is a great honour for me to speak today at this high-level meeting and to share the accomplishments and remaining problems in our country with regard to overcoming HIV/AIDS in Kyrgyzstan.

Kyrgyzstan is among the countries with a low prevalence rate of HIV infection, which stood at 10.2 per 100,000 persons in 2015, and with a low prevalence rate of HIV among pregnant women, at 0.04 per cent. In spite of our undoubted success in overcoming HIV and the significant assistance of the international community, the number of new cases of infection continues to increase by roughly 10 per cent per year.

The Kyrgyz Republic is among the countries with the highest rate of propagation of HIV/AIDS. We are seeing an alarming increase in the number of women among the newly registered persons living with HIV, the relative number of which went from 9 per cent in 2001 to 45 per cent in 2015. Of all registered cases, 9 per cent are children age 15 and under. All of that increase is linked to the main method of transmission of HIV, namely, among users of injected drugs and the infection

of their sexual partners, who had not otherwise been at risk at that time.

In the evaluation by the International Center for AIDS Care and Treatment Programs and the Centers for Disease Control and Prevention in 2013, the prevalence of HIV among sexual partners of drug injectors reached the threshold level of more than 5 per cent. The characteristic behaviour of drug injectors and the high level of stigmatization of persons living with HIV among the vulnerable groups have hindered the possibility of bringing people in for testing for HIV, treatment and follow-up programmes. We are therefore seeing people in advanced stages of HIV-infection, a low commitment to treatment and a high mortality of persons living with HIV owing to tuberculosis.

The Kyrgyz Republic has devoted significant attention to fighting the epidemic. The State policy is geared towards and based upon the recommendations of the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS) and on best practices in that field. According to international experts, the country's legislation indicates overall that we are in line with the standards of international law. We have had significant success in developing a multisectoral approach and in bringing vulnerable people into treatment. We should note that Kyrgyzstan was the first country in the Commonwealth of Independent States to implement programmes based on opioid-replacement therapy with methadone and programmes to reduce prison time.

The comprehensive approach taken by the Ministry of Internal Affairs in implementing programmes to overcome HIV is recognized as an example of best practices. Unfortunately, the economic difficulties of the transition period have limited the opportunities for financing HIV/AIDS programmes from the State budget, and the major accomplishments have required international financial assistance. The first programmes were begun by UNAIDS and the United Nations Development Programme, and then supported and broadened by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Key results have included the uninterrupted supply and coverage of antiretroviral drugs with 70 per cent of the number of registered HIV-positive children and 37 per cent of adults receiving treatment for HIV. More than 90 per cent of HIV-positive mothers and their newborns have received access to prophylaxis against the vertical transmission of HIV; 86 per cent of children have received early diagnosis and antiretroviral drugs. We offer prophylaxis to between 25 to 79 per cent of those infected in the various vulnerable groups. From the time of the adoption of the Millennium Development Goals and the 2001 Declaration of Commitment on HIV/AIDS of the special session on HIV/AIDS, we have achieved significant progress in overcoming the problem of HIV infection, but in the absence of sufficient financing many accomplishments will be lost and programmes will have to be ended.

Kyrgyzstan is concerned with the rapid growth of the HIV/AIDS epidemic in Eastern Europe and Central Asia. The main reason for the epidemic is the use of injected drugs. The number of new infected people in the region grew 30 per cent from 2000 to 2014, which today makes that region a leader in the growth of the epidemic in the world. It is not possible to overcome the epidemic through the efforts of only one or several States. We need a comprehensive approach on the part of the global community. That is very relevant while the epidemic in a number of countries is still at a concentrated stage and there are realistic opportunities for stopping the further spread of HIV and curtailing the epidemic. In that regard, we believe that it is important to focus attention on the challenges confronting the region and on strengthening the working models to overcome HIV among the vulnerable. Moreover, the growth in the epidemic and the reduction in external financing could jeopardize the programmes we already have, prevent their fine-tuning and, overall, threaten the implementation of the 2030 Agenda for Sustainable Development (resolution 70/1), which calls for no one to be left behind.

In conclusion, I would like to express our gratitude to the international community for its assistance in overcoming HIV infections and to pledge the willingness of the Kyrgyz side to do its utmost to meet its commitments, which are contained in the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex), based on national legislation, on national priorities and on international standards for human rights.

The Acting President: I now give the floor to Mr. Victor Terrero, Director of the National Council on HIV and AIDS of the Dominican Republic.

Mr. Terrero (Dominican Republic) (*spoke in Spanish*): I wish to take this opportunity to say that,

in addition to members of civil society in my country, my Government has included in our official delegation people who are living with AIDS. I salute them on this occasion.

The Dominican Republic reaffirms the agreements made in the Declaration of Commitment of the Fight Against HIV/AIDS of 2001 and the Political Declarations on HIV/AIDS of 2006 and 2011, respectively. We recognize the relevance of adopting the new Political Declaration (resolution 70/266, annex) and of committing ourselves to it. We are fully aware of the challenges faced by the international community in its efforts to put an end to the pandemic. Committed to the Joint United Nations Programme on HIV/AIDS (UNAIDS) fast-track strategy to accelerate action against AIDS through the 90-90-90 strategy, which is reflected in the Sustainable Development Goals, the Dominican Republic is mobilizing its resources to analyse the HIV/AIDS situation and build a national solid, comprehensive, coordinated response in all its aspects.

Since we are in the Caribbean, the second most affected region of the world — and Hispaniola has about 80 per cent of the cases in the region — it is of great importance to intensify efforts to strengthen effective mechanisms that will contribute to reducing the spread of the epidemic by devoting special attention to key populations, including the lesbian, gay, bisexual and transgender community, sex workers, poorly educated women, drug users, people with disabilities, older adults and migrants.

We highlight the fact that the Dominican Republic has a law on HIV/AIDS, an anti-discriminatory legal instrument that takes into account the principles of our action within our national response to that health problem. In that context, the Dominican Republic is undertaking actions aimed at reducing the stigma and discrimination against people living with HIV or AIDS by focusing on discrimination in the workplace and taking into account the provisions contained in International Labour Organization (ILO) Recommendation No. 200 concerning HIV and AIDS and the world of work.

We underscore the fact that the creation of a national group for the elimination of all forms of stigma and discrimination of the Human Rights Observatory for Vulnerable Groups, which is a standing body, has already led to the drafting of a bill for equality and non-discrimination to reinforce our ability to ensure the human rights of the key populations, thereby contributing to preventing and punishing social exclusion, stigmatization and discrimination.

In line with our commitment to achieving the targets of universal access for treatment, the country has seen an increase in the percentage of persons living with AIDS who are receiving antiretroviral treatment, including pregnant women, which contributes to the prevention of mother-to-child transmission.

Noting the vital role of, inter alia, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief, the United Nations Development Programme, UNAIDS and ILO in strengthening national responses to HIV and AIDS in our countries, the Dominican Republic urges the international community to contribute to the major efforts being made to ensure the sustainability of those international organizations and the availability of affordable financial resources for developing countries that are making efforts to provide an effective response, so as to encourage States to shoulder their responsibility to ensure the provision of antiretroviral treatment.

One of the main interests of the Dominican Republic is to ensure that people living with HIV or AIDS can fully enjoy their human rights and fundamental freedoms, namely, access to education, work, health care, social services, prevention, treatment, information and legal protection. We must, at the same time, respect their privacy and the confidentiality of their serological and immunological HIV status. The Dominican Republic is committed to the goal of providing a healthy life and well-being for everyone and all ages by relaunching its national programme to end the HIV/AIDS epidemic through universal access to prevention services, HIV testing and antiretroviral treatment for people diagnosed with the virus.

We think that it is possible to stop HIV and, in a few years, achieve a generation free from AIDS. To that end, we must strengthen and consolidate ever more our decision to work together with determination and enthusiasm so as to promote the achievement of to the Sustainable Development Goals relating to health management, which includes the efforts of Governments, civil society and international cooperation organizations. With efficiency and effectiveness, together we can produce a response to HIV and AIDs that will be effective, equitable and

sustainable. Together, we can build a more just, more united and more inclusive and egalitarian society through a new commitment to act.

The Acting President: I now give the floor to His Excellency Tarek Salman, Deputy Minister of Health of the Arab Republic of Egypt.

Mr. Salman (Egypt) (*spoke in Arabic*): Egypt aligns itself with the statement delivered by the Minister of Health of Zambia on behalf of the Group of African States (see A/70/PV.98).

Egypt attaches great importance to regional and international efforts aimed at putting an end to HIV/AIDS, a disease that continues to pose a challenge that undermines development and our efforts to build societies and our people. It directly threatens the health and physical safety of individuals. Our meeting today to renew the commitments made by heads of State and Government to intensify efforts and accelerate the eradication of HIV/AIDS is of utmost importance in the light of the adoption by the General Assembly of the 2030 Agenda for Sustainable Development (resolution 70/1) in September 2015. That Agenda considers health and welfare a priority for the 2030 Sustainable Development Goals.

The National AIDS Programme of Egypt's Ministry of Health has stepped up its efforts to make Egypt an AIDS-free country by 2030 and to maintain the low prevalence rates in Egypt. Our Ministry of Health has therefore adopted a national strategy for 2015-2020 aimed at eradicating HIV/AIDS and a related implementation plan. The national strategy is based on three key principles: first, the promotion of human rights through the protection of the rights of all citizens to access prevention, support and treatment services; secondly, the promotion of gender equality by providing treatment and health services; and thirdly, the strengthening of prevention by providing the most modern treatment and services.

Egypt spares no effort to promote its treatment system, which encourages patients to come forward to receive the necessary treatment and services. We also make efforts to reach patients and to provide support and treatment for all individuals affected by HIV. We have also been increasing our efforts to eradicate stigma and discrimination. We continue to provide monitoring programmes at all levels throughout the country and to ensure the establishment of testing and counselling centres that provide services and protect the confidentiality of patients and their families.

Our national AIDS programme works to bridge the gaps and set priorities to eradicate that disease more effectively and avoid a high prevalence of infections. Representatives here may know that our efforts aimed at fighting AIDS are multidimensional and include mobilizing the media, youth, places of worship and civil society. With the support of the Joint United Nations Programme on HIV/AIDS (UNAIDS), we have provided voluntary counselling services, which maintain the confidentiality of our patients, as well as testing facilities and free antiretroviral medicine to those living with HIV. We have also promoted peer-to-peer learning programmes and awareness programmes for the most vulnerable populations.

Through its Ministry of Health, Egypt, working together with UNAIDS, also promotes a national response to HIV/AIDS. We have launched campaigns in schools, universities and local communities, and we provide health care throughout the country. In addition, we continue to make all necessary efforts to cooperate with our African and Arab neighbours to fight HIV/AIDS. In fact, we have been making efforts with our brothers in Africa to implement the African Union Roadmap on AIDS, Tuberculosis and Malaria for 2012-2020. Egypt supports efforts to implement the three pillars of the African strategy, which are the strengthening of health governance, diversified financing and access to medicines. Egypt therefore calls on all international and regional partners to redouble their efforts to bridge the funding gap and meet the needs of the African continent, which are estimated at about $3 to $4 billion in order to promote the response and prevention efforts aimed at fighting tuberculosis, AIDS and malaria.

We have also been cooperating with our Arab brothers in implementing the Arab AIDS strategy for the period 2014-2020. The strategy was adopted last March in response to the increase in the number of people affected by HIV/AIDS. It urges all Arab countries to review their national strategic plans to fight HIV/AIDS and to focus on human rights, including the rights of people living with HIV and populations most at risk. We are also trying to expand our prevention services and health care to reach more of those living with HIV so as to promote a culture of diagnosis and early detection so that those infected with HIV are able to live longer.

It is important for international efforts to focus on building regional and national capacities to expand health infrastructure and provide health and medical care to those living with HIV. It is important to ensure rapid diagnoses and access to medicines at an affordable cost. That requires that we overcome challenges, especially the misuse of intellectual property rights, the failure to transfer technology, and monopolies. We also stress the need for prevention policies and the promotion of preventive interventions to contain the disease.

We underscore the important role of families in the promotion of social values to contain the disease. It is important to curb all dangerous sexual behaviour that contributes to the proliferation of the epidemic, such as homosexuality, sex work and intravenous drug use, because those phenomena are part of the problem and not of the solution.

We stand ready to cooperate with Member States and the United Nations, as well as its specialized agencies, so as to mobilize all regional and international efforts aimed at putting an end to HIV/AIDS. We renew our commitment to cooperating and collaborating with our partners to promote efforts to halt that disease by complying with the implementation of regional and international strategies to end HIV/AIDS by 2030, in line with the religious, social and cultural traditions of Egypt.

The Acting President: I now give the floor to His Excellency Mr. Hamisi A. Kigwangalla, Deputy Minister of Health, Community Development, Gender, Elderly and Children of the United Republic of Tanzania.

Mr. Kigwangalla (United Republic of Tanzania): First and foremost, allow me to convey the greetings of His Excellency Mr. John Pombe Joseph Magufuli, President of the United Republic of Tanzania, who unfortunately could not attend this high-level meeting owing to other equally important commitments. He sends his regards and wishes for a successful meeting.

My delegation thanks the Secretary-General for his report entitled "On the fast track to ending the AIDS epidemic" (A/70/811). The recommendations provided therein warrant our serious consideration. We commend the work done by the Joint United Nations Programme on HIV/AIDS (UNAIDS) secretariat and other relevant agencies in the fight against HIV/AIDS.

We align our statement with those delivered by the representative of Zambia on behalf of the Group of African States and the representative of Botswana on behalf of the South African Development Community (see A/70/PV.98).

The global commitment to ending the AIDS epidemic, as set forth in the 2030 Agenda for Sustainable Development (resolution 70/1), represents an unparalleled opportunity to end one of the most devastating modern-day health challenges and to build on the momentum of the AIDS response in order to accelerate results across the sustainable development agenda. This high-level meeting offers a fundamental occasion to show our commitment to the fast-track targets and core actions for ending AIDS by 2030. It provides an opportunity to build on the lessons learned from the AIDS response and to work with the people, institutions and networks that sustain that response so as to truly advance a paradigm shift to the integrated development approach envisioned in the Sustainable Development Goals.

My delegation is concerned with the fact that sub-Saharan Africa remains the worst-affected region, and that urgent and exceptional action is required at all levels to curb the devastating effects of the epidemic. In Tanzania, HIV/AIDS continues to have a significant negative impact on development, with an estimated 1.5 million people infected. A disproportionate burden of the disease falls on women and adolescents, especially girls.

Significant mileage has been covered in reducing both new infections and the related deaths. New infections have been reduced from an estimated 140,000 in 1990 down to 63,000 in 2014. Equally, AIDS-related deaths have declined by approximately 40 per cent during the same period. The number of people on treatment has been increasing steadily to a modest level of 60 per cent, including an increase in our ability to reach children through the adoption, six years ago, of Option B+.

In responding to the global call for increased domestic financing, the Government has established the AIDS Trust Fund to which, so far, the Government has been the major contributor. The private sector is also expected to contribute to the Fund. A little over half of the Fund, 55 per cent, will go towards supporting the purchase of commodities and supplies. Moreover, the Government's efforts have been complemented by both bilateral and multilateral support for HIV/AIDS, which

has allowed us to make the modest progress that I have just noted. We are grateful for that support.

Having begun a test-and-treat programme in a few districts of the country, Tanzania is expanding that approach nationally, but in a staggered manner so as to allow for building the capacity of health-care workers and for streamlining supportive logistics systems and community engagement in favour of adopting some of the newer service-delivery models. With the ongoing support of the United States President's Emergency Fund for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations family and other bilateral partners, Tanzania truly believes that it is taking the right path towards the realization of the 90-90-90 targets for 2020 and the 2030 targets for ending AIDS.

My delegation believes that zero new infections, zero discrimination and zero AIDS-related deaths are attainable before 2030. Achieving that will require emphasis on the following elements. We must strengthen preventive education; we need to ensure access to safe, affordable and efficacious medicines; we must introduce treatments innovative new medicines, including vaccines; we need to be working towards achieving universal health coverage, including exploring innovative service-delivery models; we must reduce tuberculosis deaths among people living with HIV; we need to address gender and sociocultural issues; we must allocate resources to the specific needs of young people, among others; and we need to operationalize local manufacturing industries for the production of essential HIV-related medicines.

Finally, the Tanzanian Government will continue to do its part towards zero new infections, zero discrimination and zero AIDS-related deaths. We once again call upon the international community to complement and supplement our national efforts by scaling up resource mobilization and ensuring adequate resource allocation for sub-Saharan Africa and other affected regions in order to eliminate AIDS by 2030.

The Acting President: I now give the floor to Mr. Darshan Punchi, Parliamentary Secretary of National Health Services of the Islamic Republic of Pakistan.

Mr. Punchi (Pakistan): On behalf of the Pakistan delegation, I would like to extend our warmest greetings and good wishes to everyone gathered in the Assembly Hall today to address one of the most crucial health issues of our times. We are hopeful that, under such wise stewardship, this meeting will be able to achieve its noble objectives. I assure the Assembly of my delegation's full cooperation in the process.

The high-level meeting of the General Assembly on HIV/AIDS is an event of paramount importance for the entire world community. It provides us a unique opportunity not only to reaffirm our firm commitment and unswerving resolve to end the HIV/AIDS epidemic by 2030, but also to develop an ambitious and focused global strategy and a comprehensive action plan aimed at overcoming this unprecedented health challenge, in line with target 3.3 of the Sustainable Development Goals (SDGs). For that purpose, we all need to rise above narrow expediencies to focus our undivided attention on the need to prevent and end the HIV/AIDS epidemic in all parts of the world, without any discrimination or biases.

Fortunately for Pakistan, the prevalence of HIV in the general population remains low, at a rate below 1 per cent. Currently, we are passing through an HIV-epidemic trend similar to that witnessed in other Asian countries, with the epidemic being driven mainly by people who inject drugs. The epidemic moved from low prevalence and high risk to a concentrated epidemic in the early to mid-2000s. The national prevalence of HIV infection among people who inject drugs stands at 27.2 per cent, followed by transgender sex workers at 5.2 per cent. On the other hand, the prevalence in female sex workers remains low at 0.6 per cent. The geographic trend has been for high-risk populations from major urban cities and provincial capitals to expand over time to smaller cities and peripheries.

Pakistan's national response to HIV prevention and treatment started with the development of a national strategic framework based on global standardized approaches and interventions. That response is backed by the firm political commitment of Government, guided by the Pakistan AIDS Strategy III for the control of the HIV epidemic by 2020. The plan emphasizes targeted, evidence-based, high-impact, quality-assured interventions in high-risk groups where the disease is spreading. The plan is based on a coordinated and multisectoral approach aimed at targeting all of the drivers and consequences of the AIDS epidemic.

AIDS has become a cross-cutting development issue, and poverty is recognized as a direct contributor to the spread of HIV/AIDS by negatively impacting

the high-risk groups severely affected by the disease. Ending HIV/AIDS and alleviating poverty must therefore go hand in hand. That cannot be achieved without active and determined cooperation on the part of the international community, with the special concern and contribution of developed countries to set aside a part of their affluence for reducing the burden of poverty and mitigating human suffering. We appreciate the personal commitment and dedication of the Secretary-General to eradicating poverty as a priority area in the SDGs and intensifying international efforts against AIDS as a matter of great urgency.

Pakistan welcomes the renewed emphasis on HIV/AIDS in the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV to End the AIDS Epidemic by 2030 (resolution 70/266, annex), in keeping with the 2030 Agenda for Sustainable Development (resolution 70/1). We also welcome the Declaration's special emphasis on HIV prevention, care, support and treatment and its integration with other health services to address co-infections and co-morbidities, as well as the inclusion of sexual and reproductive health-care services. We believe that a combination of recent scientific breakthroughs and accumulated lessons learned from scaling up the AIDS response worldwide has given us the tools to end the AIDS epidemic by 2030, as set out in SDG target 3.3, and to accelerate progress across other relevant targets in the Sustainable Development Goals, such as Goals 5, 10, 16 and 17. Rapidly scaling up HIV services and addressing stigma and discrimination through the fast-track approach will avert 17.6 million HIV infections and 10.8 million AIDS-related deaths from 2016 to 2030.

The Government of Pakistan is committed to controlling the HIV/AIDS epidemic and to forestalling its potential effects on the country. The commitment made during 2001 at the General Assembly special session on the topic is being carried forward with strong national and provincial support in the areas of prevention, treatment, care and support, as well as reducing stigma and discrimination, with the help of the firm commitment and support of stakeholders and an enabling environment. In those endeavours, we appreciate and welcome the valuable support by our international partners, the Joint United Nations Programme on HIV/AIDS, other United Nations agencies, the affected and high-risk populations, as well as relevant non-governmental organizations and civil-society organizations. The Government of Pakistan is aware that, in the next five years, we have a narrow window of opportunity to radically change the trajectory of the HIV epidemic. We will utilize that opportunity to fill the gap between the estimated and the registered number of patients by achieving the 90-90-90 target set out in the 2016 Declaration.

The Acting President: I now give the floor to Ms. Felicity Harvey, Director General of the Department of Health of the United Kingdom of Great Britain and Northern Ireland.

Ms. Harvey (United Kingdom): I would like to associate myself with the remarks made by the representative of the Netherlands on behalf of the European Union (see A/70/PV.99).

It is an honour to address the General Assembly. The United Kingdom was proud to be at the forefront of this agenda in 2001, 2006 and 2011, and we are proud to be back at the Assembly today.

We have made great progress since those days. Who would have thought that more than 17 million people would now be on treatment? I would like to commend the Secretary-General for his excellent report (A/70/811) summarizing the progress that forms the basis for this high-level meeting. I thank the Ambassadors of Switzerland and Zambia for their hard work on the outcome document (resolution 70/266, annex). We have all had to make compromises to agree on the Declaration. We feel that certain references could have been stronger. Key populations and adolescent girls are still insufficiently included, given their centrality to the response, but the outcome document remains an excellent basis for going forward.

I would also like to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors for their continued leadership of the global response to HIV. We see the UNAIDS 2016-2021 strategy entitled "On the Fast Track to End AIDS" as the guiding document, and call on countries and on all parts of the United Nations system to fulfil their responsibilities under it as we address the remaining critical gaps and challenges to end the AIDS epidemic by 2030. That is because, despite progress, it is clear that we still have a long way to go. We cannot afford to be complacent. We have continue to repeat the following facts. HIV remains one of the most common causes of illness and death, with 2 million new infections and 1.5 million deaths in 2014. There are 22 million people

living with HIV who are still not accessing treatment. That is not acceptable.

Stigma, a lack of knowledge, shame, discrimination, inequality, poverty and conflict continue to fuel the epidemic. It remains a sad truth that it is often the most marginalized and stigmatized in society, including adolescents, women and girls and key affected populations, who are least able to gain access to the HIV prevention, treatment and care services that they need. AIDS remains the leading cause of death among women of reproductive age globally, and one adolescent girl is infected with HIV every two minutes. Half of all new HIV infections occur in people from key affected populations. Men who have sex with men are 19 times more likely to be living with HIV than the general population. People who inject drugs have 28 times higher HIV prevalence than the general population. And HIV prevalence in sex workers is 12 times greater than in the general population. Lastly, transgender women are 49 times more likely to be living with HIV than other adults of reproductive age.

We need, however, to prioritize. In order to end AIDS by 2030 we must act boldly and innovatively with our finite resources. We must focus on those most in need and on countries most in need. The basis for a successful AIDS response is gender equality. We have to get better at ensuring that girls and women have the tools, services and rights they need to protect themselves. That includes access to information, health and education services, including comprehensive sexuality education, family-planning services, a decent income and the right and ability to negotiate safe sex. It includes working with men to change harmful social norms and end violence against women and girls. We must work harder with Governments to ensure that their laws protect and uphold the sexual and reproductive health and rights of every woman and girl. We look forward to a successful replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria this year.

But we must use our resources and efforts where there are the greatest numbers of HIV infections and deaths and where that group is least able to pay for services. Many lower-income countries simply cannot afford to provide universal access to a combination of HIV prevention and treatment services and ongoing care and support. We are clear that combination prevention is the cornerstone of an effective and sustainable response, and we know a lot about what we need to do there. There is no reason for children to be born with HIV. We know that treatment for the prevention of mother-to-child transmission works. There is also no reason for injecting drug users to contract HIV. We know that harm-reduction works.

In that context, we are very disappointed that the 2011 target for injecting drug users was missed, but we must ensure that no one is left behind. Where countries can afford to finance interventions themselves, we must work with partners and national Governments to encourage them to develop their own programmes and financing, while ensuring that key populations are properly supported. In particular, we need to be sensitive to the needs of key populations in middle-income countries. We have to support responsible transitions. And we can and should do better on that. We need to keep the pressure on Governments to look after their own populations.

Alongside that, we need to continue to invest in broader health-system strengthening, in research and development, market-shaping, including through the International Drug Purchase Facility and the Clinton Health Access Initiative, and in civil society strengthening, including through the Robert Carr Civil Society Networks Fund. Civil society, with its links to communities and people with HIV, has a critical role to play in leading a social movement for prevention, championing the rights of the most-at-risk populations and those living with HIV, providing care and support services to communities that others cannot, and, vitally, calling Governments to account.

Civil society is the heart of the AIDS response, which is why it is so valuable to have them here in these meetings. We need them here. We need to hear their voices, and we also have members of civil society as part of our delegation this week.

In conclusion, the United Kingdom will continue to play its part in the AIDS response and will continue to be a champion, in particular for women and adolescent girls, for key populations and for all those still left behind by the huge progress that we are very proud to have made.

The Acting President: I now give the floor to Mr. Xia Jiang, Deputy Director General of the Bureau of Disease Prevention and Control, National Health and Family Planning Commission of the People's Republic of China.

Mr. Xia Jiang (China) (*spoke in Chinese*): It gives me great pleasure to attend the 2016 high-level meeting of the General Assembly on HIV/AIDS on behalf of the Chinese Government. I wish to express my sincere appreciation to the United Nations for its work to promote prevention and treatment of the AIDS epidemic in the world. HIV/AIDS is not only a global public-health issue, but also a social issue. The control of the AIDS epidemic is an important priority for the world today.

As a responsible major developing country, China has, over the years, actively carried out its commitment with regard to AIDS and has put in place a mechanism for addressing the AIDS epidemic in which the Government leads the departments concerned to work together, and the entire society participates in that endeavour. We have integrated the AIDS programme into the overall national health-reform and development goals. China has made great efforts to extend access to treatment, thereby helping to eliminate stigma and discrimination, so as to ensure that those living with HIV/AIDS and their families can enjoy the rights to prevention, treatment and care for AIDS. Thanks to years of hard efforts, we have largely managed to contain the rapid rise of the AIDS epidemic. Its prevalence is kept at a low level. Infection from intravenous drug users and mother-to-child transmission has been reduced to a low level, and the death rate significantly reduced. Meanwhile, many people living with HIV/AIDS are receiving medical care, support and social protection, and an awareness of social participation has increased. Our social environment and public opinion in support of HIV/AIDS programmes are taking shape.

The AIDS epidemic has no borders. The United Nations Summit meeting for the adoption of the post-2015 development agenda, held last year, adopted the 2030 Agenda for Sustainable Development (resolution 70/1). One of the targets is to end the HIV/AIDS epidemic by 2030. The Joint United Nations Programme on HIV/AIDS has developed a grand vision for the world with the 90-90-90 targets set for 2020 — 90 per cent of those infected know their status, 90 per cent of those infected receive treatment and 90 per cent of those treated have viral suppression — and ending the AIDS epidemic by 2030.

That ambition has painted an overarching picture for the whole world. The adoption of the 2016 Political Declaration on HIV/AIDS: On the Fast-Track to Accelerate the Fight gainst HIV/AIDS and to End the AIDS Epidemic by 2030 (resolution 70/266, annex) highlights our global determination to win the fight against AIDS. China welcomes the support for the adoption of that Declaration. Our experience over the years has shown that in order to achieve the AIDS goals, all countries, organizations and individuals must be mobilized and work together in solidarity and cooperate to identify their responsibilities and develop a joint mechanism. We need to achieve consensus in the following two areas.

First, faced with HIV/AIDS, we must face a common challenge to humankind. Both developing and developed countries should shoulder a common responsibility. We must unite to overcome the barriers of gender, colour, race, religion, values and ideology so as to forge synergy. Developed countries should continue to provide developing countries with selfless and condition-less financial and technical support. Developing countries need to actively explore models for prevention treatment that benefit their national circumstances.

Secondly, as measures for prevention treatment move into the fast track, the demand for treatment and testing will increase rapidly. Businesses and other relevant institutions should assume greater social responsibility so as to ensure adequate resources for services. On the one hand, more resources need to be mobilized for AIDS prevention and treatment in order to enhance the implementation of preventive measures. On the other hand, multinational pharmaceutical companies must drastically reduce the price of some medicines, testing equipment and formulas through technical transfer and original equipment manufacturer production and by lowering the profits they derive from monopolies.

China's AIDS programme is an important part of the global effort to fight AIDS. Our achievements in the fields of AIDS prevention and treatment represent a positive contribution to the global effort to fight the scourge. The Chinese Government is formulating its thirteenth five-year plan of action on the treatment, prevention and control of AIDS. It will strengthen its instruments to fight AIDS on a permanent basis so as to ensure that all concerned Government departments work together. Indeed, all of society must participate in that endeavour.

China will step up its efforts to strengthen awareness-raising, education, testing, consultation,

the prevention of mother-to-child transmission, comprehensive intervention and antiretroviral therapy. China will work hard to ensure universal coverage and access to all services, eliminating social discrimination, protecting the legitimate rights of those living with HIV/AIDS and caring for children affected by AIDS. Meanwhile, China is further strengthening exchange and cooperation with the international community in response to the emerging challenges.

The Chinese Government will continue to take part in the global fight against AIDS. It stands ready to assume its responsibilities and obligations to continue to contribute to global efforts to fight the AIDS epidemic.

The Acting President: I now give the floor to Mr. Jorge Lastra Torres, Director of Assistance Networks of the Ministry of Health of the Republic of Chile.

Mr. Lastra Torres (Chile) (*spoke in Spanish*): On behalf of the delegation of Chile and the Chilean Minister of Health, I welcome the efforts of the United Nations and its Member States to once again to focus on the global conversation on HIV/AIDS, characterizing it as a commitment to humankind.

Fifteen years ago, in this very Hall, we welcomed the announcement of then Secretary-General Kofi Annan promising to make every effort to reverse the trend of the pandemic that had been affecting the lives of millions of people throughout the world. The global achievements in containing the epidemic, together with the lessons learned over the past 15 years, are undoubtedly unprecedented; we now know with certainty what to do. We are therefore at a crucial juncture today: we must take action and fast-track our responses for ending AIDS. In that way, we will have an impact on the fulfilment of the Sustainable Development Goals.

Unfortunately, HIV continues to affect the most vulnerable, socioeconomically unprotected and stigmatized communities. In most countries, the most vulnerable populations are, inter alia, adolescents, young people, women, men who have sex with men, migrants and refugees, sex workers, transgender people and indigenous peoples, whose care is made more difficult by the need to confront various moral and cultural attitudes and economic situations. For that reason, it is even important that we meet at the General Assembly to express humankind's commitment to bringing an end to AIDS and to making a commitment to the human rights and quality of life of our peoples. The challenges we face are rooted not only in the cultural and economic situation that I have referred to, but also in the right to health, specifically access to antiretroviral treatment, which is crucial for people living with AIDS if they are to remain alive and which, today, is required if the primary goal of ending the epidemic by 2030 is to be achieved.

As the report (A/70/811) of the Secretary-General makes clear, people-centred health care is key, and the efficient use of technological innovation is essential. New tools of international cooperation, such as the International Drug Purchase Facilityand its medicines patent pool are examples of how to move forward while respecting international patent agreements. My country participates in collaborative initiatives for making treatments more accessible — for example, through medicine pricing initiatives for the benefit of the poorest countries and populations. But that is still not enough.

We support the establishment of new bodies and collective and supportive initiatives that combine efforts and resources for substantive progress in reducing the economic gap in responding to HIV among countries at different levels of development and within countries. Greater involvement by the relevant stakeholders in achieving those objectives is needed. It is also necessary that the working partnerships between Governments and civil society be deepened and broadened, that the issue be mainstreamed across various State sectors and that there be a more engaged private sector and a fruitful public-private partnership.

We need to generate health policies and actions adapted to the epidemiological, social and cultural realities of the various countries and communities and indigenous peoples. Both nationally and internationally, we need policies that promote human development and solidarity and recognize diversity as a source of cultural wealth. We need to move towards States offering increased and equitable access to comprehensive sex education, especially for our children, adolescents and young people, and full recognitior of the rights of their people with regard to sexual and reproductive health.

For our Government, full respect for the human rights, in the context of HIV/AIDS, of those who have greater vulnerability or who are at greater risk is not only a duty of the State, but a requirement for making progress in controlling the epidemic and fulfilling

the ethical imperatives of an increasingly democratic society. Progress is needed in terms of ensuring the legal and political conditions that will protect and promote the human rights of the entire population.

At today's high-level meeting, I emphasize our commitment to partnership and collaborative work, which we consider to be a central and cross-cutting strategy for achieving the stated objectives and without which success will not be possible. Chile has excelled in that area, and today we wish to acknowledge that fact. For us, civil society and other stakeholders are key players in the national endeavour. Accordingly, we recently opened the National Bureau for Participation in HIV/AIDS Issues and Human Rights, which will focus on the design and implementation of the national response to the epidemic, consistent with the post-2015 global development agenda. That body engages the participation of representatives of civil society designated by their organizations. We appreciate the United Nations contribution to that initiative, which has been undertaken through the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme and the Pan-American Health Organization offices in Chile, which, together with the Ministry of Health, had called for the creation of the Bureau.

In our country, with regard to HIV/AIDS, the promotion of self-care, prevention and comprehensive care are, for the Government, central and relevant parts of the country's national health strategy and its goals for 2020. Prioritized lines of work, early detection and treatment, dedication to health care and the strengthening of the leading health-care network programme will help hold back AIDS, if not death itself. Furthermore, other cornerstones of public policy, such as the promotion of sexual and reproductive health, the prevention of unplanned adolescent pregnancy and the prevention of HIV/AIDS and sexually transmitted infections, play a part in promoting greater safety in sexual behaviour.

Our country has made great strides in that area, with guaranteed access to treatment, increased survival rates and decreased mortality rates. Moreover, Chile is in the process of being declared to have eliminated the vertical transmission of HIV and syphilis, which is in line with the global goals set by international governing bodies such as the World Health Organization and UNAIDS, in particular, the 90-90-90 targets.

We are certain that all those aspects are part of our responsibility, and most of them are linked to actions taken in the health field itself. But we also know that it will not be possible to achieve the desired goals if we do not address the realities of people and their social, cultural and family environments. We cannot make progress without a comprehensive approach to health, without addressing the social determinants of health or without adequate inclusion of gender, diversity, sexual orientation, non-discrimination and social inclusion. The policies that govern our actions are based on those aspects, and we intend to develop them.

Today, as we are meeting here in the Hall to share the achievements, gaps and remaining challenges, we renew our commitments to achieving the dream of putting an end to the AIDS epidemic in our country by 2030 and to contributing thereby to that achievement at the global level.

The meeting rose at 6.20 p.m.